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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1996

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TRANSPORTATION GROUP INTERNATIONAL, INC.

Country

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Principal Place of Business 6505 EDGEWATER DR. ORLANDO FL 32810

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

11. Pursuant to

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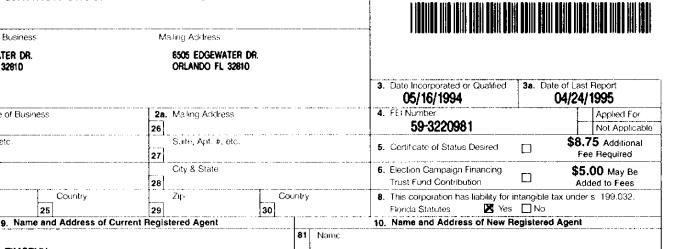
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Mailing Address

6505 EDGEWATER DR. ORLANDO FL 32810



Street Address (P.O. Box Number is Not Acceptable)

O'BRIEN, TIMOTHY 6505 EDGEWATER DR. ORLANDO FL 32810

	84	City FL	85	Zip Code				
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								

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12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILLE	P	□ DELETE	1 1 PILE	Change Addition
NAME	O'BRIEN, TIMOTHY		1.2 NAME	
STREET ADDRESS	6505 EDGEWATER DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		1.4 C/TY+ST+Z/P	
DTLE		DELETE	2 TIFLE	Change Addition
IAME .			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CiTY - ST - ZiP	
TTLF		□ DELETE	3 1 TITLE	Change Addition
IAME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIF			34 CHY ST ZIP	
ITLE		DELETE	4 * TITLE	☐ Change ☐ Addition
IAME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
HTY-ST-ZIP			4.4 CITY - ST - ZIP	
ITLE		DELETE	5 1 TITLE	Change Addition
AME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADDRESS	
CITY-SI-ZIP			5.4 CITY - ST-ZIP	
ITLE		□ DELETE	6 1 TITLE	Change Addition
AME			6.2 NAMI	
STREET ADDRESS			6.3 STREET ADDRESS	
TITY OF 710			SAICITAL STUZIE	

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not gual fy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the cognization or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYRED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (402)290-0124

CR2E034 (12/95)