

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005386 (7)

1. Corporation Name
SINGER TRANSPORT, INC.

Principal Place of Business

P.O. BOX 1000
NIAGARA FALLS NY 14302

Mailing Address

P.O. BOX 1000
NIAGARA FALLS NY 14302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1994

2. Principal Place of Business 21 344 VULCAN ST. Suite, Apt. #, etc. 22 City & State 23 BUFFALO, NEW YORK Zip 24 14207 Country 25 ERIE	2a. Mailing Address 26 344 VULCAN ST. Suite, Apt. #, etc. 27 City & State 28 BUFFALO, NEW YORK Zip 29 14207 Country 30 ERIE	4. FEI Number 16-1147677 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SHARP, JUDITH
8421 FOREST HILLS DRIVE, SUITE 301
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAROSA, SALVATORE D	1.2 NAME	
STREET ADDRESS	2470 ALLEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NIAGARA FALLS NY 14303	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTILE, CAROL	2.2 NAME	
STREET ADDRESS	2470 ALLEN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NIAGARA FALLS NY 14303	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JOHN T	3.2 NAME	
STREET ADDRESS	2470 ALLEN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NIAGARA FALLS NY 14303	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corporation or the receiver or trustee 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:

J. O'Brien

John T. O'Brien, TREASURER

4/29/98 (716) 820-7196

CR2E034 (10/97)