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Feb 05, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-05-1999 90004 009 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000006192

1. Corporation Name
OZINGA TRANSPORTATION SYSTEMS, INC.

Principal Place of Business
**21900 S. CENTRAL AVENUE
 MATTESON IL 60443**

Mailing Address
**21900 S. CENTRAL AVENUE
 MATTESON IL 60443**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, GEORGE
10091 SW 158 TERRACE
MIAMI FL 33157-1844

81 Name

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

83

84 City

FL

85 Zip Code

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	DC	<input type="checkbox"/> DELETE
NAME	OZINGA, MARTIN III	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOUSMA, RICHARD	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OZINGA, RICHARD K	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAN DYK, DONALD L	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OZINGA, JAMES A	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Donald L. Van Dyk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Van Dyk

1/4/99
 Date

708-720-6000
 Daytime Phone #

CR2E034 (1/198)