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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H02417 (4)

1. Corporation Name
PARATRANSIT SERVICES, INC.

Principal Place of Business

8390 NW 53RD ST. #300
300 ROCHESTER BLDG.
MIAMI FL 33166

Mailing Address

8390 NW 53RD ST. #300
300 ROCHESTER BLDG.
MIAMI FL 33166-7900



2. Principal Place of Business
21 55 NW 119 STREET
Suite, Apt. #, etc.
22
City & State
23 N. MIAMI, FLA.
Zip Country
24 33168 25 USA
2a. Mailing Address
26
Suite, Apt. #, etc.
27 P.O. Box 530 963
City & State
28 Miami Shores
Zip Country
29 FL 30 USA

3. Date Incorporated or Qualified 04/30/1984
3a. Date of Last Report 04/30/1996
4. FEI Number 59-2396553
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AUSTIN, RICHARD B.
300 ROCHESTER BLDG.
8390 NW 53RD ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name MASI L. NEFF
82 Street Address (P.O. Box Number is Not Acceptable) 2660 PALMER PLACE
83
84 City FT. LAUDERDALE FL 85 Zip Code 33332

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Masi L. Neff, Pres.

4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	NEFF, MASI L.	1.2 NAME	
STREET ADDRESS	55 NW 119 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASI L. NEFF 4/1/97 (305) 592-0036

Date

Daytime Phone #

CR2E034 (9/96)