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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H54590

(5)

PARK TRANSPORT, INC.

Principal Place of Business Mailing Address 6610 SW 20TH ST 6610 SW 20TH ST **PLANTATION FL 33317-5105** PLANTATION FL 33317 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1985 04/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2561307 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional State, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, **IX**-Yes □ No Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name PARK, LINDA 6610 SW 20TH ST Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and but if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DP DELETE 1.1 TITLE THUE PARK, EDWARD 1.2 NAME MAME 6610 SW 20TH ST 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** 1.4 DITY-ST-ZIP CHY-ST-Ziff Change Addition DELETE 2.1 TITLE THILE PARK, LINDA 22 NAME NAME 6610 SW 20TH ST 23 STREET ADDRESS STREET AUDRESS **PLANTATION FL** 2 4 CITY - ST - ZIP City-St-7-2 Addition DELETE Change 31 TITLE THUE 32 NAME NAME 3.3 STREET ADDRESS STREEL ADDRESS 3.4. CITY-ST-ZIP CHY ST-709 Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 200 DELETE Change Addition 5.1 TITLE THRE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C(1Y - S1 - 7)P Change Addition DELETE 6.1 TITLE THE NAMÉ 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

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14. Loo 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.

FILED

Apr 08 1997 8:00am

Secretary of State