FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # H64990

(5)

P.O. BOX 22536

DOCUMENT #

2205 SW 18 AVENUE

METRO TRANSPORT, INC.

Principal Place of Business	Mailing Address	

US	PERDALE PL 33313	U\$	US							
		•			3. Date Incorporated or Qualified 07/03/1985	3a. Date of Last Report 04/11/1995				
, Principal Place of Business		2a. Mailing Address 26				4. FEI Number 59-2554927	-1	ļ	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		• • •	Additional Required	
City & Sta	ite	City & State	<u> </u>			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
$Z_{\rm IP}$	Country	Ζφ 29	— <u> </u> ¬	ountry		8. This corporation has liability for Florida Statutes Yes	intangible tax	under s	199.032,	
4	9. Name and Address of Curr		30	Т		10. Name and Address of New F		ent		
		The second of th		81	Name			,		
SMIT	H, DONALD			-	Ct t Ad-l-	(D.O. Pov Number in Not Assessed	ola\			
	SW 18TH AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptab	oie)			
FT. L	AUDERDALE FL 33315			83				-		
				84	City			85 Zi	p Code	
				"	",		FL	ا کا ا	p 0000	
SIGNATURE	Signal in: typed or printed name of registered as	ort and title if applicable (N	OTE: Register		nt signature required		DATE	JIDEOT C	DE IN 10	
₹	Orricens A	DELETE		TITLF		ADDITIONS/CHANGES TO OFF		Change	Addition	
IAME	SMITH, DONALD			NAME				Unange		
THEFT ADDRESS	2205 S.W. 18 AVENUE				ADDRESS					
ITY ST-ZIP	FT. LAUDERDALE FL		1	CITY-S						
`tF		☐ DELETE		TITLE				Change	Addition	
AME			22	NAME						
THEE! ADDRESS	5		23	STREET	I ADDRESS					
ITY-ST ZIP			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	CITY - 5	ST-ZIP					
i LF		DELETE		TITLE				Change	Addition	
IAME				NAME						
TREET FADORESS				-	T ADDRESS					
ITY - ST - ZIP ITUE		DELETE		CITY - S	oi+ZIF			Change	Addition	
IAMI				NAME			_	•	-	
TREET ADDRESS	5		4.3	STREET	T ADDRESS					
ITY-S1-ZIF			4.4	CITY-S	ST-ZIP					
ILF		☐ DELETE		TITLE				Change	Addition	
AMÉ				NAME						
TREFT ADDRESS	3				T ADDRESS					
(1) - S1 - ZIP		DELETE		CITY-S	ST-ZIP			Chaoac	Addition	
IILE 1824:				HAME			Ü	Change	☐ Addition	
JAME Kinee Laddress				NAME	I ADDRESS					
STREET FAUURESS STY-ST-7IF	,			CHTY-S						
0.11-21-51.			0.4	GH 7 - 3	31-71					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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: Jonald Amil JONALD SMITH, PRESIDENT 1-28-96 954-562-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Description of Conference of