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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			DIVISION OF CORPORATIONS					
DOCUN 1. Gorporation	MENT # JO	1658	(0)					
•	E TRANSPORTATION	, INC.						
Principal Place of Business Ma 15501-6 MCGREGOR BLVD, STE 6 FT MYERS FL 33908 US			ailing Address 16081-2 AMBERWOOD CT P. O. BOX 3018 FT MYERS FL 33908 US		3. Date Incorporated or Qualified 02/28/1986	3a. Date of Las	t Report	
2. Principal Pla	ce of Business	2a.	Mailing Address			4 FELNumber	1 00/22	Applied For
21		26				NOT APPLICABLE		Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution	r \$5	.00 May Be
Z _I p	Country 25	29	<i>7</i> ₁ p	Cour	itry	This corporation has liability for in Florida Statutes	itangible tax unde	
	9. Name and Address of		ered Agent			10. Name and Address of New Ro	gistered Agent	
POFIK	ER, JOHN J. JR.			ľ	B1 Name			
16081-2 AMBERWOOD COURT					82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
UNIT D-2				1	33			
FT. MYERS FL 33908				;	B4 City		 85	Zip Code
44 5			valatierini, natiti				FL	·
or registere	o the provisions of Sections of d agent, or both, in the State	of Florida, Such o	1508, Florida Statu change was author	tes, the aboving the co	e named corpor orporation's boar	ration submits this statement for the purp rd of directors. Thereby accept the appo	iose of changing it intrient as registe	ts registered office red agent. I am
SIGNATURE	n, and accept the obligations i	or, Section 607.0:	505, Fiorida Statute	S.				
	griature, typed or printed name of regist			~	gent agratum impline		DATE	
12. TULE	PST OFFICE	ERS AND DIRECT	ORS []] DELETE	13.	. 	ADDITIONS/CHANGES TO OFFICE	DERS AND DIREC	
NAME	POELKER, JOHN J.	JR.	LJbereie	1.2 NAM	ĺ		Cilani	je 🔲 Addition
STHEET ADDRESS	16081-2 AMBERWOO				EET ADDRESS			
CITY+ST-ZIP	FT MYERS FL				r-\$1-21H			
101LE		··· · · · · · · · · · · · · · · · ·	DELETE	2 1 111	ıF		☐ Chang	je 🔲 Addition
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TITLE			DELETE	3 1 7 1			☐ Chang	je 🔲 Addit-on
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STHEET ADDRESS					EET ADDRESS			
CITY-ST-ZIP TITLE			DECETE	6 1 100	(-S1-718)		[] Chang	e 🔲 Addition
NAME				6 2 NAN				
STREET ADDRESS					LET ADDRESS			
CHY-ST-ZiP				6.4 C:TY	(-ST-Z-P			
14. I do hereby	certify that the information su	ipplied with this fil	ing is voluntarily fur	nished and d	oes not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Sta	tutes. 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 early that I am an officer or director of the corporation or the receiver or truslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1337 changed, or on an attachment with an address.

SIGNATURE:

STONATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96. 941-4821200