FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J46349** **(3)**

1. Corporation Name
ALAMO SHUTTLE, INC.

Principal Place of Business	Mailing Address
C/O NORMAN D. TRIPP 110 S.E. SIXTH STREET - 28TH FLOOR FT. LAUDERDALE FL 33301	C/O JOHN DAMAM P O BOX 22776 FT. LAUDERDALE FL 33335 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2749496 ☐ 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

SMITH, DENNIS DUSTIN
110 SE 6TH ST., 28TH FL
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☐ Change ☐ Addition
NAME	EGAN, MICHAEL S.	1.2 NAME	
STREET ADDRESS	110 SE 6TH ST., 29TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VTA	2.1 TITLE	☒ Change ☐ Addition
NAME	PLATT, CHARLES D.	2.2 NAME	
STREET ADDRESS	110 SE 6TH ST., 29TH FL	2.3 STREET ADDRESS	Resigned 1/1/95
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DVC	3.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, EDWARD J.	3.2 NAME	
STREET ADDRESS	1240 N. FEDERAL HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, WILLIAM H., JR.	4.2 NAME	
STREET ADDRESS	55 E MONROE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	SV	5.1 TITLE	☐ Change ☐ Addition
NAME	TRIPP, NORMAN D.	5.2 NAME	
STREET ADDRESS	110 SE 6TH ST., 28TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this original 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: Norman Tripp Vice President 4/26/95 (305)527-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0941R96 CP