FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J70043

(1)

Mailing Address

P.B.C. PARATRANSIT, INC.

Principal Place of Business

FILED					
Feb	10	1997	8:00am		
Se	ecre	tary o	of State		

I KARAN ABAK DI		

3. Date Incorporated or			
04/28/1987	04/02/1996		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For		
21 26 59-2811425	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status D	Desired Serviced Fee Required		
City & State City & State 6. Election Campaign Fir 23 28 Trust Fund Contribution			
	Country 8. This corporation has liability for intangible tax under s. 199.032,		
	of New Registered Agent		
CUNNINGHAM, P. RODNEY 81 Name			
1450 NW FIRST AVE 82 Street Address (P.O. Box Number is No	ot Acceptable)		
BOCA RATON FL 33432	nuceptable)		
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 stateme office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I he agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ent for the purpose of changing its registered ereby accept the appointment as registered		
SIGNATURE Signature, typical or printed name of registered agent, and title if applicable (NOTE, Registered Agent agnature required when reinstating)	DATE		
	S TO OFFICERS AND DIRECTORS IN 12		
TITLE CD DELETE 1.1 TITLE	S TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition		
NAME CUNNINGHAM, P. RODNEY 12 NAME	8		
STREET ADDRESS 1700 FLORIDA MANGO ROAD 1.3 STREET ADDRESS	i i		
CITY-ST-ZIP WEST PALM BEACH FL 1.4 CITY-ST-ZIP TITLE DST DELETE 2.5 TITLE			
CARRIE IECCE R	☐ Change ☐ Addition ☐		
4700 ELODIDA MANCO DO			
MEST DALLA DEACH EL			
CITY-ST-ZIP TITLE P DELETE 2.4 CITY-ST-ZIP DELETE 3.1 TITLE	Change Addition		
NAME BARR, JAMES 32 NAME	C on any C partition		
STREET ADDRESS 1700 FLORIDA MANGO RD 33 STREET ADDRESS			
CITY-ST-ZIF WEST PALM BEACH FL 3.4. CITY-ST-ZIF			
TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition		
NAME 4.2 NAME			
STREET ADDRESS 4.3 STREET ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP			
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition		
NAME 5.2 NAME			
STREET ADDRESS 5.3 STREET ADDRESS			
CITY-ST-7/P 5.4 CITY-ST-7/P			
TITLE DELETE 61 TITLE	Change Addition		
NAME 6.2 NAME			
STREET ADDRESS 63 STREET ADDRESS			
CITY-ST-7/P 64 CITY-ST-7/P 64 CITY-ST-7/P 14 Life beach, carlify that the information surprised with this filling does not qualify for the examplion stated in Section 119 07/31/i). Flore			

4. 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 13 if changed, or on apaltachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

10/97 561 689-4222