

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 24 1997 8:00 am
Secretary of State

DOCUMENT # L23125 (2)
1. Corporation Name
ALL COUNTY TRANSPORT, INC.



Principal Place of Business
2895 S. FEDERAL HWY.
DELRAY BCH. FL 33483

Mailing Address
P.O. BOX 2180
DELRAY BCH. FL 33444
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2915 S. FEDERAL HWY		26 P.O. BOX 2180		10/17/1989		02/18/1996	
22 Suite, Apt. #, etc. D-3		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 DELRAY BEACH		28 City & State		65-0159596		Not Applicable	
24 33483		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Delray Beach		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

MILLER, COREY P.
1300 N FEDERAL HWY #101
SUITE 200
BOCA RATON FL 33432

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

Frank W. Ciccone
Signature, typed or printed name of registered agent and title if applicable

FRANK W. CICCONI PRES
(NOTE: Registered Agent signature required when reinstating)

7/18/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTV	<input type="checkbox"/> DELETE
NAME	CICCONI, FRANK W.	
STREET ADDRESS	2929 S OCEAN BLVD	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank W. Ciccone
FRANK W. CICCONI PRES 7/18/97 361-265-3700

CR2E034 (4/97)