

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 02, 1996 08:00 AM
Secretary of State

DOCUMENT # **M26278** (5)

1. Corporation Name:
PALM BEACH TRANSPORTATION, INC.



Principal Place of Business: **1450 N.W. 1ST AVE BOCA RATON FL 33432-1704**
Mailing Address: **1450 N.W. 1ST AVE BOCA RATON FL 33432-1704**

3. Date Incorporated or Qualified: **01/23/1986** 3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-2630617** 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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **1700 Florida Mango Rd.** 22a. Mailing Address: 26 **1700 Florida Mango Rd.**
22. Suite, Apt. #, etc.: 27. Suite, Apt. #, etc.:
23. City & State: **West Palm Beach, FL** 28. City & State: **West Palm Beach, FL**
24. Zip: **33409** 25. Country: **Palm Beach** 29. Zip: **33409** 30. Country: **Palm Beach**

9. Name and Address of Current Registered Agent: **CUNNINGHAM, P. RODNEY 1450 NW 1ST AVENUE BOCA RATON FL 33432-1704**
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 607.0506, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE: SD | <input type="checkbox"/> DELETE | 1. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: GADDIS, JESSE P. | | 2. NAME: | |
| STREET ADDRESS: 221 W. OAKLAND PARK BLVD | | 3. STREET ADDRESS: | |
| CITY-ST-ZIP: FT. LAUDERDALE FL | | 4. CITY-ST-ZIP: | |
| TITLE: P | <input type="checkbox"/> DELETE | 5. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BARR, JAMES S. | | 6. NAME: | |
| STREET ADDRESS: 1450 N.W. 1ST AVE. | | 7. STREET ADDRESS: | |
| CITY-ST-ZIP: BOCA RATON FL | | 8. CITY-ST-ZIP: | |
| TITLE: DC | <input type="checkbox"/> DELETE | 9. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: CUNNINGHAM, P. RODNEY | | 10. NAME: | |
| STREET ADDRESS: 1450 N.W. 1ST AVE | | 11. STREET ADDRESS: | |
| CITY-ST-ZIP: BOCA RATON FL | | 12. CITY-ST-ZIP: | |
| TITLE: T | <input type="checkbox"/> DELETE | 13. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: GADDIS, MICHAEL | | 14. NAME: | |
| STREET ADDRESS: 221 W. OAKLAND PARK BLVD. | | 15. STREET ADDRESS: | |
| CITY-ST-ZIP: FT. LAUDERDALE FL | | 16. CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 17. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 18. NAME: | |
| STREET ADDRESS: | | 19. STREET ADDRESS: | |
| CITY-ST-ZIP: | | 20. CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 21. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 22. NAME: | |
| STREET ADDRESS: | | 23. STREET ADDRESS: | |
| CITY-ST-ZIP: | | 24. 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)(f), 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 Book 12 or Book 13 if changed, or on record with an address.

SIGNATURE: *James S. Barr* 3/25/96 (407) 689-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)