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

PRÖFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Constant of State

,	1996			DIVISION OF CORPORATIONS									
DOCUI	MENT #	P08513		(4)									
THE '	TRANSPORTAT	ION GROUP, IN	C.										
<u> </u> 													
Principal Place	of Business		Mai	ing Adaress					1	I INDIALEMBY OU MANAGE HAVERY COLORED		HAR BARRA BURN BA	
5850 T.G. LEE BLVD. SUITE 600				5850 T.G. LEE BLVD. SUITE 600									
ORLANDO	FL 32822			ORLANDO FL 32822							···		
									3.	Date Incorporated or Qualified 12/23/1985	3a. D	ate of Last R 02/23/1	•
	ace of Business		2a.	Mailing Address					4.	, FEI Number			Applied For
Cuito Ant	# ata	2	-	Suite, Apt. #, etc.					<u> </u>	59-2547919			Not Applicable
Suite, Apt.  22 Suite		2	_	Suite 520					5.	Certificate of Status Desired			Additional Required
City & State				City & State					6.	. Election Campaign Firiancing			O May Be
<b>23</b> Z <sub>(ξ)</sub>	Cou	untry 2		Ζφ	, ,	Country			-	Trust Fund Contribution  This corporation has liability for			d to Fees
24	25	2		· .	30	300/11/			0.		No.	tax under s	183.002,
	9. Name and Ad	dress of Current Rep	jiste	red Agent		81			10	Name and Address of New	Registere	d Agent	
CAUD	III IOANN					L	Nam	_					· · · · · · · · · · · · · · · · · · ·
CAUDILL, JOANN 5850 T.G. LEE BLVD, STE 600						82	Stree	a Adares	ss (P	P.O. Box Number is Not Acceptate	ble)		
ORLANDO FL 32822						83							
•						84	City			****		85 Z	p Code
11. Pursuant t	to the provisions of S	ections 607.0502 and	607.	1508. Florida Statutes	the	above-i	named	corporat	lion t	submits this statement for the pu	rpose of o	changing its r	egistered office
or register familiar wit	ed agent, or both, in th, and accept the ob	the State of Florida. Subligations of, Section 60	or ( 07. <b>0</b> 5	change was authorized 505, Florida Statutes	d by t	ne corp	oration	's board	of d	submits this statement for the pulivectors. I hereby accept the app	ointment	as registered	lagent. I am
SIGNATURE .	Adun	r Caudi	<u> L</u>	<ul> <li>Supervisor,</li> </ul>	Fir	nance	and	Admir	nis	tration	02/0	7/96	
12.	Signature typed or printed n	orne of registered agent and talk OFFICERS AND DIR				lered Ager	nt signatu	e required v	Mhen n	ADDITIONS CHANGES TO OFF	OATE	• • • • • • • • • • • • • • • • • • • •	PRS IN 1;
TITLE	D			DELETE	_	. 1 TITLE		T				Change	Addition
NAME	ROYER, RAY				1	2 NAME							
STREET ADDRESS	)	IVESQUE BLVD W				3 STREET		s   80	0	RENE-L <u>E</u> VESQUE BL'	D W		
TITLE	MONTREAL,	GOEREC		DELETE	_	4 CITY-S	T-ZIP	+		·		Change	Addition
NAME	SIMONEAU,	ANDRE				2 NAME							
STREET ADDRESS	1101 PAREN				2	3 STREET	ADDRES	s					
CITY-ST-ZIP	ST-BRUNO Q	<u>U</u>		-		4 City-S	T-ZIP	<u> </u>				-	
TITLE	DEVIDOR	ALIDENT		DELETE		1 TITLE		1				Change	Addition
NAME STREET ADORESS	BEAUDOIN, L	aureni Vesque blvd w			1	.2 Name .3 Stree	T ADDRES	s					,
CITY-ST-ZIP		QUEBEC, CAND				4 CITY-S							
TITLE	DS			DELETE		. 1 TITLE		DC				Change	■ Addition
NAME	LEBLANC, JE					.2 NAME							
STREET ADDRESS	1101 PARENT					3 STREET		3					
TITLE	ST-BRUNO Q	U		□ DELETE		4 CITY - 5 . 1 TITLE	T-ZIP	+	٠.	<del>-1000017</del>	125	Change	Addition
NAME	GOULET, PIE	RRE				2 NAME				-1000017- -03/14/3601( ***200_00	J14	006 M	m.
STREET ADDRESS	1101 PARENT				5	3 STREET	ADDRES	5		***200.00		·	10 01
CITY+ST-ZIP	ST-BRUNO Q	U		F1 00:00	_	4 CITY - S	T-ZIP	<u> </u>				7	346
TRILE	S S			DELETE	4	1 TITLE						Change	Addition
NAME STREET ADDRESS	RIVARD, JEAN	n Vesque blvd w			1	.2 NAMÉ .3 STREET	ANNDER	.					
CITY+ST-ZIP	]	QUEBEC, CAND			1	4 CITY - S		<u> </u>					
			ns fil	ing is voluntarily furnish				uality for	the	exemption stated in Section 119	.07(3/ki. l	Florida Statut	es. 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 cath; that I am an officer excirector 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 open attachment with an address.

**SIGNATURE:** 

Mayon Rivard, Secretary

February 5, 1996

(514) 861-9481