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

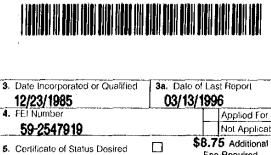
DOCUMENT # P08513

(4)

THE TRANSPORTATION GROUP, INC.

6850 T.G. LEE BLVD. SUITE 520 ORLANDO FL 32822	5850 T.G. LEE BLVD. SUITE 520 ORLANDO FL 32822-4410
Principal Place of Business	Mailing Address

FILED Mar 13 1997 8:00am Secretary of State



2,	2. Principal Place of Business			a. Mailing Address			4.	FEI Number		Applied For		
21				· 			59-2547919 Not Ap			Not Applicable		
22	Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5.		\$8.75 Additional Fee Required			
23	City & State			City & State 8		ι	Etection Campaign Financing Trust Fund Contribution	7 + + + + + + + + + + + + + + + + + + +				
24	Zip					on has liability for intangible tax under s. 199.032, s X Yes \(\bigcap \text{No}\)						
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
C I CORPORATION STSTEM				81	Name							
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82	Street Addres	ress (P.O. Box Number is Not Acceptable)					
					83		:					
	<u> </u>				84	City		FL	B5 Z	Zip Code		
11	. Pursuant to the provis	sions of Sections 607.0502	nd 6	07,1508, Florida Statutes, the at	OOVE	e-named corpo	ration	n submits this statement for the purpose of ch	andir	na its registered		

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typod or printed name of registerest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	₩ DELETE	11 THLF	D	Change X	Addition					
NAME	ROYER, RAYMOND		1.2 NAME	Michel Baril		Ì					
STREET ADDRESS	800 RENE-LEVESQUE BLVD.W.		1.3 STREET ADDRESS	1101 rue Parent							
CITY-ST-ZIP	MONTREAL, QUEBEC		1.4 CITY-S1-ZIP	St-Bruno (Québec) Canada J3V	6E6]					
TITLE	T	DELETE	2.1 1111.1		Change	Addition					
NAME	SIMONEAU, ANDRE		2 2 NAME			Į					
STREET ADDRESS	1101 PARENT STREET		2.3 STREE1 ADDRESS								
CITY-ST-ZIP	ST-BRUNO QU		2. 4 CITY - \$1 - ZIP								
TITLE	DC	DELETE	3.1 TITLE		Change 🗀	Addition]					
NAME	BEAUDOIN, LAURENT		3.2 NAME	•							
STREET ADDRESS	800 RENE-LEVESQUE BLVD W		3.3 STREET ADDRESS	•							
CITY-ST-ZIP	MONTREAL, QUEBEC, CAND		3.4. CITY - S1 - ZIP]					
TITLE	DC	DELETE	4.1 TITLE		Change	Addition					
NAME	LEBLANC, JEAN-YVES		4. 2 NAME			1					
STREET ADDRESS	1101 PARENT ST		4.3 STHEET ADDRESS	,							
CITY-ST-ZIP	ST-BRUNO QU		4.4 CITY-ST-ZIP								
TITLE	DV	DELETE	5.1 THEF		Change 🔲	Addition]					
NAME	GOULET, PIERRE		5.2 NAME			İ					
STREET ADDRESS	1101 PARENT STREET		5.3 STREET ADDRESS)					
CITY-ST-ZIP	ST-BRUNO QU		54 CITY-ST-ZIP	<u> </u>		,					
TITLE	.	DELETE	61 TITLE	\ 	Change	Addition					
NAME	RIVARD, JEAN		6.2 NAME	Jean Rivard							
STREET ADDRESS	800 RENE-LEVESQUE BLVD W		6.3 STREET ADDRESS	800 René-Lévesque Blvd West,	Suite :	3000 j					

CITY-ST-ZIP MONTREAL, QUEBEC, CAND

64 CITY-ST-ZIP Montréal (Québec) Canada H3B 1Y8

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.