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Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08513 (4)  
1. Corporation Name  
THE TRANSPORTATION GROUP, INC.

Principal Place of Business 5850 T.G. LEE BLVD. SUITE 520 ORLANDO FL 32822	Mailing Address 5850 T.G. LEE BLVD. SUITE 520 ORLANDO FL 32822-4410
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1985	3a. Date of Last Report 03/13/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-2547919	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROYER, RAYMOND <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYER, RAYMOND	1.2 NAME	Michel Baril
STREET ADDRESS	800 RENE-LEVESQUE BLVD.W.	1.3 STREET ADDRESS	1101 rue Parent
CITY-ST-ZIP	MONTREAL, QUEBEC	1.4 CITY-ST-ZIP	St-Bruno (Québec) Canada J3V 6E6
TITLE	T SIMONEAU, ANDRE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONEAU, ANDRE	2.2 NAME	
STREET ADDRESS	1101 PARENT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST-BRUNO QU	2.4 CITY-ST-ZIP	
TITLE	DC BEAUDOIN, LAURENT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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-ST-ZIP	
TITLE	DC LEBLANC, JEAN-YVES <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, JEAN-YVES	4.2 NAME	
STREET ADDRESS	1101 PARENT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST-BRUNO QU	4.4 CITY-ST-ZIP	
TITLE	DV GOULET, PIERRE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULET, PIERRE	5.2 NAME	
STREET ADDRESS	1101 PARENT STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST-BRUNO QU	5.4 CITY-ST-ZIP	
TITLE	S RIVARD, JEAN <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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
CITY-ST-ZIP	MONTREAL, QUEBEC, CAND	6.4 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.

SIGNATURE:  Jean Rivard

Feb. 10, 1997 (514) 861-9481

CR2E034 (9/96)