## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P08513

THE TRANSPORTATION GROUP, INC.

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

## Mar 17, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address				T INDIALINAL SIL ABIOL COLON PILON ISDOBETIN ACON.	Aton Bibn Bibn B	1811 BIBII (881
5850 T.G. LEE BLVD. SUITE 520		5850 T.G. LEE BLVD. SUITI	5850 T.G. LEE BLVD. SUITE 520					
		ORLANDO FL 32822				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	3 3F AGE	
						12/23/1985		
2 Bringing Di	lace of Business	2a. Mailing Address		_		4. FEI Number	I Apr	plied For
<b>–</b>	ace or business	26				59-2547919	<del>                                      </del>	Applicable
21   Suite, Apt. i	# etc	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Re	quired
City & State	ė	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28		_		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir		
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Registered	Agent	
C T	CORPORATION SYSTEM		-	31 Name	•			
	COMPORATION STSTEM  SOUTH PINE ISLAND ROAD		t	32 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		-	-				
FLAI	NIAHON FL 33324			33				
	•			34 City	•	F	85 Zip C	Code
	No. 10 and 10 an	20 and 607 1609 Clorida Statut	es the ab	Ve-namer	d corno	ration submits this statement for the nurpose (	of changing its	registered
office or re	enistered agent, or both, in the State	of Florida, Such change was a	uthonzed	by the com	oration	's board of directors. I hereby accept the appoint	ointment as re	gistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statu	es.				
SIGNATURE								
	Classic and an extend name of registered are	ent and title it englicable INOTE	· Reportered 2	oem signature	required v	when reinstating) DATE	<del>-</del> -	
	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. INOTE ND DIRECTORS	: Registered /	gent signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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 of 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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: