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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P36166 (7)

1. Corporation Name  
ATLANTIC COAST EXPRESS, INC.

Principal Place of Business Mailing Address  
118 N. ROYAL ST. 118 N. ROYAL ST.  
STE. 1200 STE. 1200  
MOBILE AL 36602 MOBILE AL 36602-3697



2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/01/1991 04/22/1996  
4. FEI Number Applied For  
22-1977485 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
CT CORPORATION SYSTEM 81 Name  
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)  
PLANTATION FL 33324 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 fee 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 MORSE, SIMON	1.1 TITLE	
NAME	23 KING STREET, ST JAMES HOUSE	1.2 NAME	
STREET ADDRESS	LONDON EN	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VP JUNEAU, DONALD V	2.1 TITLE	
NAME	118 N ROYAL ST #1200	2.2 NAME	
STREET ADDRESS	MOBILE AL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VP IAN WHELAN	3.1 TITLE	
NAME	118 N ROYAL ST SUITE 1200	3.2 NAME	
STREET ADDRESS	MOBILE AL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	PD THURBER, H W III	4.1 TITLE	
NAME	118 N ROYAL ST #1200	4.2 NAME	
STREET ADDRESS	MOBILE AL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S ALLEN, RACHEL	5.1 TITLE	
NAME	118 N ROYAL ST #1200	5.2 NAME	
STREET ADDRESS	MOBILE AL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: X Rachel Allen 4-29-97 334-465-6367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)