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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P38056

1. Corporation	MENT # P38056 GULF TRANSPORT, INC.	(8)						1861 8581 8581 MB1	
Principal Place 4000 FEDERAL SUITE 201 BOCA RATON	HIGHWAY, NORTH	Mailing Address 4000 FEDERAL HIGHWAY. NORTH SUITE 201 BOCA RATON FL 33431-4527			······	3. Date Incorporated or Qualified 3a. Date of Last Report			
A Drice and Cit	Inco of Changers	2a. Mailing Address				03/25/1992 4. FEI Number	05/01/		
2. Principal Pl	West Hillsburo Blvd. 26 600 West Hills			Blvo	/	22-2847785		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	5	8.75 Additional	
22 Suite	27 Suite 104				B. Certilicate of Status Desired		Fee Required		
City & State 23 Dee C	field Beach, FL 28 Deerfield Beach			ď.		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for			
24 3344		29 33441 30				Florida Statutes	Yes N	0	
	g, Name and Address of Current	Registered Agent		F 55		10. Name and Address of New Re	glatered Age	nt	
	OWNE, ROBERT		81	Name					
4000 FEDERAL HIGHWAY NORTH SUITE 201			82	Street	Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33431							,,,,,,		
	N. (********		84	City		,	Ter	3 Zip Code	
				- ,			FL 8	1 '	
11. Pursuant office or ragent La	 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	are a special control of the control	n o o o o o o o o o o o o o o o o o o o							
12.	Signature Typed or priviled name of registered agent and title if applicable. (NOTE: Registe OFFICERS AND DIRECTORS			ext signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TIFLE	DC			1.1 TITLE		ADDITIONAJONATOLO TO OTTE		ECTORS IN 12 Change Addition	
NAMÉ	Browne, Robert		1.2 NAME	ļ			مانم		
STREET ADDRESS	4000 N FEDERAL HWY		1.3 STREET	ADORESS	6C	600 West Hillsboro Blud. swite !		uite 104	
CITY-ST-ZIP	BOCA RATON FL DP	DELETE	1.4 C/TY - S	T-ZIP	17	perfield Beach, FL	33441	Change Addition	
TITLE NAME	BRUNO, JOHN	יין הניגונ	2.1 TITLE 2.2 NAME	i		م مادا الشهر ،			
STHEFT ADDRESS	4000 N FEDERAL HWY		2.3 STREET	ADDRESS	60	o west ttillsboro	DIVOL.	smein !	
CITY - ST - ZIP	BOCA RATON FL 33431		2 4 CITY-		D	serfield Beach, FL	3344	'	
TITLE	T	☐ DELETE	3.1 TITLE			4		Cnange Addition	
NAME :	TORO, MANUEL		3.2 NAME	1	Cor	oo west Hillsboro	Blue 1	ruite 104	
STREET ADDRESS	4000 N. FEDERAL HWY.		3.3 STREET		5	zerfle ld Beach, F	1 324		
CHTY-ST-ZIP TITLE	BOCA RATON FL 33431	DELETE	3.4. CITY-:	51-ZIP	f		77		
NAME	MILTON, KAY		4. 2 NAME			oo West Hillsboro	121.1.1	multon of	
STREET ADORESS	4000 N. FEDERAL HWY		4.3 STREET	ADDRESS	60	DO West IIIII DONO	DING.	vacieto4	
CITY - ST - ZIP	BOCA RATON FL 33431		4.4 City-5	ST-21P	12	erfield Beach, 1	<u>Z 334</u>	141	
Tilte	S	☐ DELETE	5 1 TITLE			4644	₩	Change	
NAME	MAYR, JEFFREY		5.2 NAME		α	erfield Beach, I west thillsboro perfield Boach, F	Bluck	suite 104	
STREET ADDRESS	4000 N. FEDERAL HWY BOCA RATON FL 33431		5.3 STREET	ADDRESS	7	andfold Range	7 221		
CITY-ST-ZIP TITLE	DOON MICH PL 33931	DELETE	5.4 CITY - S 6.1 TITLE	1 - 214		Jest men name , F	<u> </u>	Change Addition	
NAME		need to see a	62 NAME	!		1	- Linear		
STREET ADDRESS			6.3 STREET	ADDRESS .					
CITY- ST-ZIP			6.4 CITY-5	ST-ZIP	<u> </u>				

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 arinual 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 export as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

471-97

954-4200222

Da

FILED

Apr 24 1997 8:00am

Secretary of State

0312716