SELUND	NOTICE: CORPORATION WILL	E DISSOLVED ON OR AFTER AU	 Gust 7, 1996.		
AMOUNT DUE F COR ANNU	ON OR BEFORE 8/1/96: \$225 (IF DIS PROFIT POPATION JAL REPORT	FLORIDA DEPARTME Sandra B M Secretary of DIVISION OF COR	THEINSTATE ENT OF STATE ortham I State * •		
	MENT # P9200 TRANSPORTATION CORP	0013463 (4) ORATION		1 1880 886 118 (BIJE (LÉVI RÉ)) (BÉ) 1 4	(() 88 (8) 11 888 ((()) 81848 8 (() 188 (
Principal Plac		Mailing Address	1111		
2137 FOWLER ST BLDG C UNIT 24 FT MYERS FL 33901 US		2137 FOWLER ST BLDG C UNIT 24 FT MYERS FL 33901 US		3. Date Incorporated or Qualified 12/22/1992	3a. Date of Last Report 06/09/1995
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 11899 900 PVS N. Suite Apt #, etc		FEI Number 59-3173365 Certificate of Status Desired	Applied for Not Applicable \$8.75 Additional Fee Required
City & Star 23	te	27 City & State 6	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p 24	Country 25 9. Name and Address of Curi	79 346 42 3	Coupp.	8. This corporation has liability for Florida Statutes 10. Name and Address of New Recognition 11. Name and Address of New Recognition 12. This corporation has liability for the second se	Yes No
21 BL FI	registered agent, or both, in the Standard and accept the ob-	are of Floridal South Change was action lingations of, Section 607.0505, Floridal Change (1997)	da Stautes		FL 85 Zin Code 3/643
12.	Signature typed Accidite to me of topy last	AND DIRECTORS DELETE	13.	posed when receivable): ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change A Addition
NAME STREET ADDRESS CITY-ST-ZIP	PSD BAYES,, SHAWN D 2137 FOWLER ST FT MYERS FL	E prese	1.2 LEME 1.2 LEME 1.3 CHEFT ADDRESS 1.4 LY - S1 - ZIP	Brytes, Davis 11899 9074 AUS SEMINOUS FL 3	N 4642
TITLE NAME STREET ADDRES	VTD PENNINGTON, MERIT,	DELETE	2 1 1 kE 2 2 1 ME 2 3 4 EFT ADDRESS 2 4 1 r · ST · ZIP		Change Addition
TITLE NAME STREET ADDRES		DELETE	31 F 32 IF 33 ET ADDRESS		Change Addition
TITLE NAME STREET ADDRES	SS	DELETE	3 4 - ST - ZIP 4 1 4 2 IE 4 3 E F ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRES	55.	DELETE	5 t 5 t 5 t 5 t 5 t 5 t 5 t 5 t 5 t 5 t		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADORES	ss	DELFTE	5 4 G (- ST - ZIP 6 1 T E 6 2 N-ME 6 3 S REET ADDRESS	2000019: -08/20/9601 ***225.00	25952 ⁶ ange Addition 039016

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information and cated 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

7/3/196 XX 8/19/96