
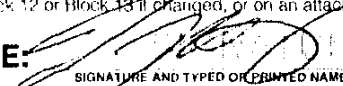


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000002831 (4)</b>			
1. Corporation Name: <b>DAKOTA TRANSPORT, INC.</b>			
Principal Place of Business <b>1200 GULF LIFE DR SUITE 630 JACKSONVILLE FL 32207</b>		Mailing Address <b>514 SELVA LAKES CIRCLE ATLANTIC BEACH FL 32233-4300 US</b>	
2. Principal Place of Business 21 <b>7857 Heather Lake C.T.E.</b>		2a. Mailing Address 26 <b>7857 Heather Lake C.T.E.</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>Jacksonville, FL</b>		28 City & State <b>Jacksonville, FL</b>	
24 Zip <b>32256</b>		29 Zip <b>32256</b>	
25 Country		30 Country	
9. Name and Address of Current Registered Agent <b>ZISSER, BARRY L 1200 GULF LIFE DR SUITE 630 JACKSONVILLE FL 32207</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>3306 Independent Square</b> 83 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32202</b>			
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	
D ZISSER, BARRY L 1200 GULF LIFE DR, SUITE 630 JACKSONVILLE FL 32207		3306 Independent Square Jacksonville, FL 32202	
2.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	
D PERRY, JEFFREY H. 1200 GULF LIFE DR, SUITE 630 JACKSONVILLE FL		7857 Heather Lake C.T.E. Jacksonville, FL 32256	
3.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	
4.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
5.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
6.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.2 NAME 6.3 STREET ADDRESS 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:  <b>Jeffrey H. Perry</b> 3/30/97 904-363-0030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)