


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90114 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000008217

1. Corporation Name.

TRANSPORTATION STRUCTURES, INC.

Principal Place of Business

5614 EAST POWHATEN AVENUE
TAMPA FL 33610

Mailing Address

P. O. BOX 1014
TAMPA FL 33601-1014
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3188733	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STANLEY, GERALD H. J
3701 LITTLE ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81	Name	STANLEY, MICHAEL K.
82	Street Address (P.O. Box Number is Not Acceptable)	5614 E. POWHATEN AVE
83		
84	City	TAMPA
85	Zip Code	FL 33610

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 title 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, GERALD H	1.2 NAME	
STREET ADDRESS	3701 LITTLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, MICHAEL K	2.2 NAME	
STREET ADDRESS	3701 LITTLE RD.	2.3 STREET ADDRESS	5614 E. POWHATEN AVE.
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, GERALD H JR.	3.2 NAME	
STREET ADDRESS	3701 LITTLE RD.	3.3 STREET ADDRESS	5614 E. POWHATEN AVE.
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, KENNETH E	4.2 NAME	
STREET ADDRESS	3701 LITTLE RD.	4.3 STREET ADDRESS	5614 E. POWHATEN AVE
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, MARK A	5.2 NAME	
STREET ADDRESS	3701 LITTLE RD.	5.3 STREET ADDRESS	5614 E. POWHATEN AVE
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 621-6600

Daytime Phone #

CR2E034 (1/198)