

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


PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 Jul 01 1999 8:00 am
 Secretary of State

DOCUMENT # P93000053426

1. Corporation Name
AUTO TRANSPORT SYSTEMS, INC.

Principal Place of Business 1209 N. OCEAN DRIVE SINGER ISLAND FL 33404 US	Mailing Address 1209 N OCEAN DRIVE SINGER ISLAND FL 33404 US
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 5/01/99 910093/013 \$150.00
 DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/30/1993	4. FEI Number 65-0427962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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

PHILPOT, PAULA D
 15405 101ST TERRACE N.
 JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name Joe Miller
82 Street Address (P.O. Box Number is Not Acceptable) 3000 N. Ocean Dr # PH-A
83
84 City Singer Island FL 85 Zip Code 33404

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 *Joe Miller* DATE _____

Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rebalancing)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	PHILPOT, PAULA	
STREET ADDRESS	15405 101ST TERR. N.	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PHILPOT, JAMES DAVID	
STREET ADDRESS	15405 101ST TERR. N.	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Miller, Joe	
1.3 STREET ADDRESS	3000 N. Ocean Dr # PH-A	
1.4 CITY-ST-ZIP	Singer Island, FL, 33404	
2.1 TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joyce L. Miller	
2.3 STREET ADDRESS	3000 N. Ocean Dr # PH-A	
2.4 CITY-ST-ZIP	Singer Island, FL, 33404	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Joe Miller* Pres DATE: 04/29/99 (561) 845-6800

Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)