

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 22 1996 8:00 am  
Secretary of State

DOCUMENT # P94000016457 (1)

1. Corporation Name

4C TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

1429 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32837

1429 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32837



2. Principal Place of Business

2a. Mailing Address

21 10255 General Drive

26 PO Box 691106

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Suite B-2

27 Suite, Apt #, etc.

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32824

25 USA

29 32869

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSPITO, LEIGH  
1429 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32837

81 Name COSPITA LEIGH

82 Street Address (P.O. Box Number is Not Acceptable)

10255 General Drive

83

Suite B-2

84

City ORLANDO

FL

85

Zip Code 32824

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

*Leigh Cospito*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

7-8-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME COSPITO, LEIGH  
STREET ADDRESS 11310 SOUTH ORANGE BLOSSOM TR, #182  
CITY-ST-ZIP ORLANDO FL 32837

TITLE COSPITO, LEIGH  
NAME 10520 Gardenwood Road  
STREET ADDRESS ORLANDO FL 32837  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Leigh Cospito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96 407 240 8601

DATE

Daytime Phone #

CR2E034 (3/96)