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FILED
May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000019921 (3)

1. Corporation Name
PASSAGGIO TRANSPORTATION, INC.



Principal Place of Business Mailing Address
7061 GRAND NATIONAL DRIVE SUITE 100B ORLANDO FL 32819
7061 GRAND NATIONAL DRIVE SUITE 100B ORLANDO FL 32819-8395

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt. #, etc. SUITE # 132
26 Suite, Apt. #, etc. SUITE # 132
22 City & State
23 Zip Country 28 Zip Country 30

9. Name and Address of Current Registered Agent
~~DIAZ, MIKE~~
3158 S. ORANGE AVE.
SUITE E
ORLANDO FL 32808
CLYDE E. O'BAKER

3. Date Incorporated or Qualified 03/15/1994 3a. Date of Last Report 04/29/1996
4. FEI Number 59-3229615 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Trust Fund Contribution [] Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

10. Name and Address of New Registered Agent
Name WOLFE, YOUNG, O'BAKER & COMPANY
Street Address (P.O. Box Number is Not Acceptable) 101 SUNNYTOWN ROAD, SUITE 200
City CASSELBERRY FL 85 Zip Code 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the 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 Clyde E. O'Baker Accountant
Date 5-19-97

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----|-----|
| TITLE | 1.1 | 1.1 |
| NAME | 1.2 | 1.2 |
| STREET ADDRESS | 1.3 | 1.3 |
| CITY - ST - ZIP | 1.4 | 1.4 |
| TITLE | 2.1 | 2.1 |
| NAME | 2.2 | 2.2 |
| STREET ADDRESS | 2.3 | 2.3 |
| CITY - ST - ZIP | 2.4 | 2.4 |
| TITLE | 3.1 | 3.1 |
| NAME | 3.2 | 3.2 |
| STREET ADDRESS | 3.3 | 3.3 |
| CITY - ST - ZIP | 3.4 | 3.4 |
| TITLE | 4.1 | 4.1 |
| NAME | 4.2 | 4.2 |
| STREET ADDRESS | 4.3 | 4.3 |
| CITY - ST - ZIP | 4.4 | 4.4 |
| TITLE | 5.1 | 5.1 |
| NAME | 5.2 | 5.2 |
| STREET ADDRESS | 5.3 | 5.3 |
| CITY - ST - ZIP | 5.4 | 5.4 |
| TITLE | 6.1 | 6.1 |
| NAME | 6.2 | 6.2 |
| STREET ADDRESS | 6.3 | 6.3 |
| CITY - ST - ZIP | 6.4 | 6.4 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition

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, changed, or on an attachment with an address.
SIGNATURE: [Signature] DATE: 04/28/97 DAYTIME PHONE: 363-4400

CR2E034 (9/96)