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CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACOCOSAS (8)

FILED May 08 1997 8:00am Secretary of State

Principal Place	COMFORT TRAVEL TRANSPORTATION SERVICES, INC. Incipal Place of Business Mailing Address MULLET ROAD 707 MULLET ROAD								
BUITE 206 CAPE CANAVERAL FL 32820 US		SUITE 206	SUITE 206 CAPE CANAVERAL FL 32820-4519 US						
						3. Date Incorporated or Qualified 3a. Date of Last Repo 08/09/1994 05/01/1996		Report	
	ace of Business	2a. Mailin	g Address			4. FEI Number		J	oplied For
Suite, Apt.	# etc	26 Suite.	Apt. #, etc.			55-3301653			ot Applicable Additional
2	.,	27	4-11-11-11-11-11-11-11-11-11-11-11-11-11			5. Certificate of Status Desired	ł Ц		equired
City & State		City & 28	State			Election Campaign Financin Trust Fund Contribution	ng 🗀		May Be to Fees
Zip	Country	Zφ		Countr	У	8. This corporation has liability		e tax under s	. 199.032,
4	25	29		30		Florida Statutes		□ No	
CAD	9. Name and Address of Cu	rrent Registered A	tgent	81	Name	10. Name and Address of Nev	v Hegisterec	Agent	
	TLEY, DEBORAH H OLMAN RD								
CAPE CANAVERAL FL 32920			8		Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83	1				
				84	City			85 7ip	Code
					1		Fi		
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508	8, Florida Statu	ites, the above	/e-named corp	poration submits this statement for	the purpose	of changing i	ts registered
11. Pursuant office or readent 1 a	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508 tate of Florida. Suc bligations of, Section	8, Florida Statu th change was on 607.0505, F	utes, the above authorized b lorida Statute	ve-named corpora by the corpora es.	poration submits this statement for tion's board of directors. I hereby a	the purpose accept the ap	of changing i pointment as	ts registered registered
SIGNATURE								of changing i	ts registered registered
SIGNATURE	Signature, typied or printed name of legistore	d again and title if applica		DIE: Hogistyrod Ap		irad when reinstating)	DATE		
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SIGNATURE 12.	Signature, typed or printed herica of legislation OFFICE RS D GARTLEY, DEBORAH	d again and title if applica	ble (N	DIE: Regiskred Ap	ont signature requ	irad when reinstating)	DATE	ID DIRECTOR	3S IN 12
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