FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P94000061414 (6)

ROSS TRANSPORT, INC.

FILED Mar 05 1996 8:00 am Secretary of State

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| Principal Place | of Rusinges | Maling Address | | | - | | |
|------------------------|--|---|---------------------------------------|------------------|---|-----------------------|-----------------------------------|
| · | | - | DOUAT . | | | | |
| ORLANDO I | Colonial Drive Fl 32804 | 1716 WEST COLONIAI ORLANDO FL 32804 | L DRIVE | | | | · |
| | • | | | | 3. Date incorporated or Qualified 08/19/1994 | | of Last Report 5/01/1995 |
| 2. Principa! Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 59-3264334 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | · |
| 23 | v. | 28 | | | Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Ziρ | Country | Zip | Country | | 8. This corporation has liability for i | ntangible tax | |
| 24 | 25 | 29 | 30 | | Florida Statutes 🔣 Yes | | · |
| | g. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New R | egistered A | gent |
| | | | 81 | Name | | | |
| HORWI | ITZ, WAYNE | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptab | le) | |
| 3511 V | VEST COMMERCIAL BLVD | | | | | · | |
| SUITE | 402 | | 83 | | | | |
| FT. LAI | UDERDALE FL 33301 | | 84 | City | | | 85 Zip Code |
| | | | | | | FL | 100 2.0000 |
| 11. Pursuant | to the provisions of Sections 607.0 red agent, or both, in the State of F | 502 and 607.1508, Florida Statuto Jorida, Suct: change was authorize | es, the above ha | med corpora | ition submits this statement for the pur 3 of directors. Thereby accept the appo | pose of char | nging its registered office |
| tamiliar wi | ith, and accept the obligations of S | ection 607.0505, Florida Statutes. | · · · · · · · · · · · · · · · · · · · | OHO! TO E !OE! | or circulated Thereby Goods the uppe | on territorite city i | ogistorod agone ra ir |
| SIGNATURE. | | | | | | | |
| 12. | Signature, typicd or printed menic of registers also OFFICERS: | AND DIRECTORS | E. Rogistered Agreet's 13. | grutere regiment | ADDITIONS/CHANGES TO OFFI | DATE CERS AND I | DIRECTORS IN 12 |
| TITLE | D | [] DELETE | 1 17016 | | 71001110110-011711020-10-0111 | · | Change () Addition |
| NAME | GREENE, MICHAEL | | 1.2 NAME | | | _ | , , , |
| STREET ADDRESS | 1716 WEST COLONIAL D | RIVE | 1.3 STREE! A | DORESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32804 | | 1.4 CI*Y - ST- | l | | | |
| TIFLE | | DELETE | 2 1 Till E | | | | Change Addition |
| NAME | | | 2.2 NAME | ľ | | | |
| STREET ADDRESS | | | 2 3 STREET A | DDRESS | | | i |
| C-TY -ST - ZIP | | | 2.4 OITY - ST | ZIP | | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | | | Change 🔲 Addit-on |
| NAME: | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 33 STREET A | ODRESS. | | | |
| CHY-ST-ZIP | | | 3.4.0ITV+\$1- | 717 | | | |
| TILE | | ☐ DELETE | . 4 1 TITLE | | | |] Change Addition |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STEEF LA | DORESS | | | |
| C-TY-ST-ZIP | | FIRE | 4,4 CITY - ST - | ZIP | | | 1.05 |
| THE | | DELETE | 5 1 TIL€ | | | L | Change |
| NAME: | | | 5.2 NAM€ | | | | |
| STREET ADDRESS | | | 5 3 STREET A | | | | |
| C-TY - ST - ZiP | | DELETE | 5 4 CITY - ST - | Z)P | · ser · · · · · service · service · · · · · · · · · · · · · · · · · · · | | Change Addition |
| TITLE | | | 6 1 III i F | | | _ |) crisinge [_] Addition |
| NAME CLOSET ADDOCCE | | | 6.2 NAME 6.3 STREET A | nonece | | | |
| STREET ADDRESS | | | | | | | |
| C:TY-ST-ZIP | 1 | | 6.4 CITY - \$1 - | 710" | | | |

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 607. Florida Statutes; and that my name appears in Block 13 if planged or on an attachment with an address.

SIGNATURE: Y

SIGNATURE AND THE DER PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1407-276-0847

32E034 (12/95