

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 94600067100**  
1. Corporation Name: **G.T.M. TRANSPORTATION, INC.**

Principal Place of Business: **3285 FOXCROFT RD  
MIRAMAR, FL 33025**  
Mailing Address: **SAME**

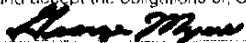
2. Principal Place of Business 21. <b>611 NE 2nd COURT</b> 22. Suite, Apt. #, etc.: <b>#11</b> 23. City & State: <b>HALLANDALE, FL</b> 24. Zip: <b>33009</b> 25. Country: <b>USA</b>	2a. Mailing Address 26. <b>SAME</b> 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country:
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3. Date Incorporated or Qualified: <b>9-13-94</b>	3a. Date of Last Report: <b>5-96</b>
4. FEI Number: <b>65-0540715</b>	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GEORGE MYERS  
3285 FOXCROFT RD  
MIRAMAR, FL 33025**

10. Name and Address of New Registered Agent  
81. Name: **GEORGE MYERS**  
82. Street Address (P.O. Box Number is Not Acceptable): **611 NE 2nd COURT**  
83. City: **HALLANDALE** 84. State: **FL** 85. Zip Code: **33009**

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:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

11. TITLE: <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
12. NAME: <b>GEORGE MYERS</b>	
13. STREET ADDRESS: <b>611 NE 2nd COURT</b>	
14. CITY-ST-ZIP: <b>HALLANDALE, FL 33009</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME:	
13. STREET ADDRESS:	
14. CITY-ST-ZIP:	
21. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	
23. STREET ADDRESS:	
24. CITY-ST-ZIP:	
31. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME:	
33. STREET ADDRESS:	
34. CITY-ST-ZIP:	
41. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:	
43. STREET ADDRESS:	
44. CITY-ST-ZIP:	
51. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:	
53. STREET ADDRESS:	
54. CITY-ST-ZIP:	
61. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME:	
63. STREET ADDRESS:	
64. CITY-ST-ZIP:	

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 stated 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.

SIGNATURE:  **GEORGE MYERS, PRESIDENT** 4-28-97 305-688-6622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)