

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P9500006816 (9)

1. Corporation Name

S & I TRANSPORTATION INC.



Principal Place of Business

C/O IRENE SOCOL
102 OLYMPUS WAY
JUPITER FL 33477

Mailing Address

C/O IRENE SOCOL
102 OLYMPUS WAY
JUPITER FL 33477

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27. City & State

23
Zip

28. Zip

24
Country

29. Country

30.

9. Name and Address of Current Registered Agent

**SOCOL, IRENE
102 OLYMPUS WAY
JUPITER FL 33477**

8. Name

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

8.3

8.4 City

3a. Date of Last Report
N/A

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

4. FEI Number
65-0570251

3. Date Incorporated or Qualified

01/26/1995

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

FL 85 Zip Code

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

Signature typed or printed name of registered agent and/or officer

Officer, Registered Agent and/or Director Change

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SOCOL, IRENE**
STREET ADDRESS **102 OLYMPUS WAY**
CITY-ST-ZIP **JUPITER FL 33477**

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST-ZIP

Change Addition

TITLE **D**
NAME **PIGNATARO, SALVATORE**
STREET ADDRESS **102 OLYMPUS WAY**
CITY-ST-ZIP **JUPITER FL 33477**

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST-ZIP

Change Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Irene Socol **IRENE SOCOL**

7/23/96 **407-748-8809**

Call or Write

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-746-1214

CR2E034 (12/95)