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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

19	996	DIVISION OF COR	PORATIONS	1	
DOCUM 1. Corporation N	ENT # P9500	0021672 (7)			
•	TRANSPORATION NETWO	ORK, INC.			
Principal Place of	f Business	Mailing Address		-	ANIII ANIIA II ANI 11616 ALIII 10214 1101 1641
9385 SW 185		9385 SW 185 TERRACE			
MIAMI FL 3315		MIAMI FL 33157			3a. Date of Last Report
				3. Date Incorporated or Qualified 03/16/1995	Applied For
2. Principal Plac	e of Business	2a. Mailing Address 26 /84-95 Sp Dress	· HIKHWALL	4. FEI Number 65-0567787	
Suite, Apt. #,	ote	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite, Apr. #,	etc.	27 Suite 28	5		ree nequired
City & State		City & State  28 MIAMI, FLO	RIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Z <sub>1</sub> 0	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29 <b>33/57</b> 36	USA	Florida Statutes Yes  10. Name and Address of New I	
<del></del>	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New I	registered Agent
			81 Name		
KAPPS.	THOMAS P		82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
	185 TERRACE		00		
MIAMI FI			83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607,050	2 and 607.1508 Florida Statutes,	the above named corpor	ration submits this statement for the purify of directors. Thereby accept the ap-	irpose of changing its registered of pointment as registered agent. I am
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was aumonzed t tion 607.0505, Florida Statutes.	bod a richarding conficial and	ration submits this statement for the pl rd of directors. Thereby accept the api	
SIGNATOR	Signature, typed or printed name of registered a pro		Bogostero Agent squature require	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	OFFICERS AF	ND DIRECTORS	1. 1 TITLE	7,001,101,00	Change Addit o
TITLE	D		1.2 NAME		
NAME	KAPPS, THOMAS P		1.3 STREET ADDRESS		
STREET ADDRESS	9385 SW 185 TERRACE		1.4 CiTY - \$1 - 7iP		
CITY - ST - ZIP	MIAMI FL 33157	LJ DELETE	2 1 TillE		Change Addition
TITLE	D SISTIL A		2.2 NAME		
NAME	KAPPS, RUTH A		2.3 STREET ADDRESS		
STREET ADDRESS	9385 SW 185 TERRACE		2 4 CITY - ST - ZIP		
CITY-ST-ZIP	MIAMI FL 33157	DELETE	3 1 11TLE		Change Addition
TITLE	D BOECK, LOTHAR S		3.2 NAME		
STREET ADDRESS	151 PLANTATION AVE		3.3 STHEE! ADDRESS		
	TAVERNIER FL 33070		3 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	IVARUMENTE AAAAA	☐ DELE TE	4 1 TiTLE		Change Additi
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY - ST - ZIP		Change Additi
TITLE		☐ DELETE	S 1 THLF		Change Additi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY S1 - ZIP		Change 🔲 Addit
7(1) 5		☐ D€LET€	6 1 TITLE		C change C Addit

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED N

14. If do hereby certify that the information supplied with this filing is yoluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). Florida Statutes. I further certify that the information indicated on this annual report or surplementa' annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or surplementa' annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the exporation or the preciser 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 chapter, or or at attachment with an address. 4/10/96 (305)255-3010