

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000025250 (8)**

1. Corporation Name

CENTURY PARATRANSIT, INC.



Principal Place of Business Mailing Address
**2151 NE 155TH STREET
NO MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified **03/27/1995** 3a. Date of Last Report
4. FEI Number **65-0598354** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2812 NW 35 St** 26 **Same**
Suite, Apt. #, etc.
22 27
City & State 28
23 **MIAMI FL** 28
Zip 29 **33142** Country 30 **DADE**

9. Name and Address of Current Registered Agent
**PALINSKY, ILYA
2151 NE 155TH STREET
NO MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
81 Name **SYMON TROJECKI**
82 Street Address (P.O. Box Number is Not Acceptable)
2812 NW 35 St
MIAMI
City **MIAMI** FL 85 Zip Code **33142**

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 *Trojcki* DATE **2-20-96**

12. OFFICERS AND DIRECTORS

TITLE	D IP	<input type="checkbox"/> DELETE
NAME	TROJECKI, SZYMON	
STREET ADDRESS	2151 NE 155TH STREET	
CITY - ST - ZIP	NO MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	2812 NW 35 St	
4. CITY - ST - ZIP	MIAMI FL 33142	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

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: *Trojcki* DATE: **2-20-96**

CR2E034 (12/95)