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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 24 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029998

1. Corporation Name

TRANSPORTATION RESOURCES, INC.

Principal Place of Business / Mailing Address

497 E. SEMORAN BLVD.
SUITE 177
CASSELBERRY, FL 32707

2. Principal Place of Business
21 497 E. SEMORAN BLVD.
22 SUITE 177
23 CASSELBERRY, FL
24 32707 25

2a. Mailing Address
26
27
28
29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-12-95

4. FEI Number: 59-3316030 [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

JOE WORKMAN
823 WOODS COURT
MAITLAND, FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

200002788922--7
-02/26/99--01085--025
****150.00 ****150.00

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 title if applicable) (NOTE: Registered Agent signature required when name is listed.) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	JOSEPH E. WORKMAN	[ ] DELETE
NAME	PRESIDENT	
STREET ADDRESS	823 WOODS COURT	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VICE PRESIDENT/SECRETARY	[ ] DELETE
NAME	DEBBIE WORKMAN	
STREET ADDRESS	823 WOODS COURT	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CURRENT OFFICERS	[ ] Change [ ] Add/Delete
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Add/Delete
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add/Delete
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add/Delete
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add/Delete
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add/Delete
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

150
2/24/99

CR2E034 (11/98)

14. I 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 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, with all other like empowered.

SIGNATURE: JOSEPH E. WORKMAN — 2-12-99 — 407-831-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #