

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000048982 (9)**

1. Corporation Name
ASSOCIATED TRANSPORTATION OF FLORIDA, INC.

Principal Place of Business
**10361 ORANGEWOOD BLVD.
ORLANDO FL 32821
US**

Mailing Address
**10361 ORANGEWOOD BLVD.
ORLANDO FL 32821-4236
US**

3. Date Incorporated or Qualified 06/21/1995	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3325816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10359 Orangewood Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 10359 Orangewood Blvd Suite, Apt. #, etc.
22 City & State 23 Orlando, FL	27 City & State 28 Orlando, FL
24 Zip 32821	25 Country USA
29 Zip 32821	30 Country USA

9. Name and Address of Current Registered Agent RAEMAN, SUSAN T 10361 ORANGEWOOD BLVD. ORLANDO FL 32821		10. Name and Address of New Registered Agent	
81 Name Susan T. Raeman	82 Street Address (P.O. Box Number is Not Acceptable) 10359 Orangewood Blvd.	83	
84 City Orlando	85 Zip Code FL 32821		

11. Pursuant to the provisions of Sections 607.002 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 *Susan Raeman* **SUSAN RAEMAN** **5-6-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERRY, MICHAEL C		1.2 NAME	
STREET ADDRESS 53 CARDAMON DRIVE		1.3 STREET ADDRESS	
CITY - ST - ZIP ORLANDO FL		1.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALONSO, ED		2.2 NAME	
STREET ADDRESS 3122 W. ORANGE COUNTRY CLUB DR.		2.3 STREET ADDRESS	
CITY - ST - ZIP WINTER GARDEN FL		2.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIEVES, JOSE S		3.2 NAME	
STREET ADDRESS 1205 ABBERTON DRIVE		3.3 STREET ADDRESS	
CITY - ST - ZIP ORLANDO FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: *Michael C. Berry* **Michael Berry** **5/6/97** **800-392-7759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/96)