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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055163 (6)

ACTIVE TRANSPORT, INC.

Principal Prace of Business

2056 S. PALM CIRCLE

Mailing Address

2056 S. PALM CIRCLE

FILED Apr 15 1997 8:00am Secretary of State



US	FL 33408	JUNO BEACH FL 33408-2 US	735		
•				 Date Incorporated or Qualified 07/14/1995 	3a, Date of Last Report 08/12/1996
2. Principal Pl 21 2040	lace of Business Bonisle Circle	2a. Mailing Address		4. FEI Number APPLIED FOR 65-0	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Curs & State	Beach Garders FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4 33	B iuntry	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
4	9. Name and Address of Current	<u> </u>	190	10. Name and Address of New Re	T
COL	RRION, BRIAN R	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81 Name		
	1 JUPITER PARK DR		· · · <u> 1</u>		<u> </u>
	T F-3		82 Street Ad	ddress (P.O. Box Number is Not Acceptat	ole)
	ITER FL 33458		83		
JUI	11EN 1 E 50450				
			84 City		FL 85 Zip Code
44 B	to the sections of Continue 607 0502	and 807 1500 Elorida Statu	toe the shous named o	orporation submits this statement for the p	
agent 1 a	m familiar with, and accopt the obligat	ions of, Section 607.0505, F	orida Statutes.	oration's board of directors. I hereby accept	o, the appearance is a second
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature re		DATE
2.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
HILE	U	DELETE	1.1 TITLE	ZOVE BONISLE LIR	Change Addition
NAME	CORRION, BRIAN R		1.2 NAME	BALM BRACH GARDENS	. 611.0
STREET ADORESS	2056 S. PALM CIRCLE			ALLA ALCAL ALCAR DERVI	5 FC 3341B
			1.3 STREET ADDRESS	BACM 138 MELL	33.40
	JUNO BEACH FL		1.3 STREET ADDRESS	PACM 138 MET	33.00
CHTY - ST - ZIP		DELETE		PACM 138 AL	
DITY - ST - ZIP TITLE		DELETE	1.4 CiTY-ST-ZiP	PACM 138 AL	
DITY - ST - ZIP TITLE NAME		DELETE	14 City-St-ZiP 21 Title 22 NAME	PACM 138 ALL	
DITY-ST-ZIP FITCE NAME STREET ADDRESS		DELETE	14 City-St-Zip 21 Title 22 Name 23 Street address	PACM 138 ACT	
CITY - \$1 - ZIP TITLE NAME STREET ADDRESS CITY - \$1 - ZIP		DELETE	14 City-St-ZiP 21 Title 22 NAME	PACM 138 A	Change Addition
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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 or Lam 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: