SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750), Jul 09 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000056294 (8) EZ TRANSPORT ENTERPRISES, INC. Principal Place of Business Mailing Address 2117 ORANGE TREE ORIVE 2117 ORANGE TREE DRIVE **EDGEWATER FL 32141 EDGEWATER FL 32141** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3326308 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ✓ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZONA, EDWARD L 2117 ORANGE TREE DRIVE Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32141** 83 84 City Zip Code 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. Ellusial Igneture, typed or print registered egent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (5/98) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE ZOŃA, EDWARD L 1.2 NAME 2117 ORANGE TREE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **EDGEWATER FL 32141** CITY-ST-ZIP 1.4 CITY ST-ZIP TITLE DELETE 2.1 TITLE ___ Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETÉ Change Addition

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Elivery 22 Ame

6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7-5-91