FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996			Of CORPO		DNS					
1. Corporati	· -	000079	9699	(1)							
DON	NOVAN & ASSOCIATES, II	NC.					I PRESIDENT NEW TRANSPORTER MANAGEMENT	8111 88111 88111 1 8	310 (61/2 3	·•	
Principal Plac	pe of Business	Mailing	Address								
2023 N ATLANTIC AVENUE COCOA BEACH FL 32931		2023	2023 N ATLANTIC AVENUE COCOA BEACH FL 32931							- 14/12 (4/1 (99)	
				00001			3. Date Incorporated or Qualified	3a. Date	of Last Rep	port	٦
	Place of Business	h	2a. Mailing Address				09/06/1995 4. FEI Number	_ <u>L</u>	Ι	oplied For	
Suite, Apt.	#, etc.	26 Suite	[26] Suite, Apt. #, etc.				64- 42117117			ot Applicable	1
22		27 Stille	F				5. Certificate of Status Desired		\$8.75	Additional	
City & Stat	le	City o	City & State				6. Election Campaign Financing		\$5.00	equired May Be	-
Zip	Country	Zip		Cou	ıntry		Trust Fund Contribution 8. This comparation has liability for	interesials.	Added 1	to Fees	ļ
24	25 9. Name and Address of Cur	29	29 3				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
		rent riegistered	Agent		81	Name	10. Name and Address of New R	egistered Ag	jent		1
DONO	IVAN, CHARLES										
2023 N ATLANTIC AVENUE						Street Addres	s (P.O. Box Number is Not Acceptab	le)			1
COCO	A BEACH FL 32931				83			······································			
				ļ	84	City			85 Zip C	N. J.	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508	, Florida Statu	tes, the abo	ve-nar	med corporati	on submits this statement for the pur	- I I	1 1		
familiar wi	th, and accept the obligations of, Se	orida. Such chanç ection 607.0505, i	je was authori Florida Statute	zed by the c s.	orpora	ation's board	on submits this statement for the pur of directors, I hereby accept the appo	pose of chang pintment as rej	ing its regi gistered ag	istered office gent. I am	
SIGNATURE	1										
12.	Signature system of printed name of registered agent and time if any scattle (NE OFFICERS AND DIRECTORS		OTE: Registered	Agent si	gnature required wi	re required when reinstaking) DATE:					
TITLE	D	*	☐ DELETE		TLE		ADDITIONS/CHANGES TO OFFI			IN 12	CR2E034 (12/95)
NAME	DONOVAN, CHARLES				ME		Change		Addition	Ë	
STREET ADDRESS	COCCI DELCTION MICHOL				REET ADI	DRESS					8
CITY-ST-ZIP TITLE	D		FIDELLIK		Y- \$1-Z	IP .					띴
NAME	DONOVAN, NANCY	ı	☐ DELETE		LE				hange [Addition	\Box
STREET ADDRESS	2023 N ATLANTIC AVENU	ΙE			VE				}		
CITY-ST-ZIP	COCOA BEACH FL 32931				2.3 STREET ADDRESS 2.4 C/TY - ST - Z/P 3.1 TITLE					ŀ	
TITLE		Ī							han b	1 4 4 4 5	
NAME	anna l				3.2 NAME			L., C	hange [Addition	
STREET ADDRESS CITY-ST-ZIP				3.3 STF	REET ADI	DRESS				ļ	
TITLE	☐ DELETE			3.4 City - Sts ZiP							
NAME				4.1 TITLE				hange [Addition		
STREET ADDRESS	.ss		4.2 NAME 4.3 STREET			inceo			1		
CITY-SI-ZIP			P								
TITLE	☐ DELETE			4.4 CITY-ST-ZIP		200000100			1 Addition		
NAME			5.2 NAME			30000185 -06/07/960103	3015	39 196 [] Addition		
STREET ADDRESS	EET ADDRESS (ASTL-7ID)		5.3 ST6		5.3 STREET ADDRESS		***225.00				
IIILE			1 DELETE	5.4 CITY							
IAME		L_	Tottelt	6 1 7/TL		1		☐ CI		Addition	
STREET ADDRESS					6.2 NAME 6.3 STREET ADDIDECC			ا (~	96	
CITY - ST- ZIP			,		6.3 STREET ADDRESS 6.4 C/TY-ST-Z/P		Γ	レー	0.1	. 1.	
4. I do hereby	certify that the information supplied	with this filing is v	oluntariiv furni	shed and do	91-10	t qualify for th			٠	-	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Many Donovan PRES.
BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

NANCY DONOVAN

3/10/94 407-789-3030