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

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations Mar 10 1998 8:00am Secretary of State

FILED

DOCUMENT # P97000051916 (9) A-1-A TRANSPORTATION GROUP, INC. Principal Place of Business Mailing Address 102 NW SPANISH RIVER BLVD. 102 NW SPANISH RIVER BLVD. **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number *68* 6282 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HANDS, RONALD C Kick 102 NW SPANISH RIVER BLVD. 82 Street Address (P.O. Box Number is Not Acceptable **BOCA RATON FL 33431** 83 84 KATON 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 I accept the obligations of, Section 607.0505, Florida Statutes. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 DELETE 11 TITLE TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE D. Addition TITLE 2.1 TITLE NAME 2.2 NAME SPANISH RIVER BLYD STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 DITY-ST-ZIP

14. Thereby 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:

HE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-2-98

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