

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

FILED

Aug 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000073467 1. Corporation Name CONTINENTAL BUS LINE INC.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 5395W. 22 Ct Suite, Apt. #, etc.		2a. Mailing Address 26 2919 E. Commercial Blvd Suite, Apt. #, etc.	
22 Hialeah, FL City & State		27 Suite A City & State	
23 33016 Zip		28 FL Country	
24 33016 Zip		25 33308 Zip	
26 USA Country		27 USA Country	
9. Name and Address of Current Registered Agent Allen H. KATZ 2919 E. Commercial Blvd Ft. Lauderdale, FL 33308		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 Zip Code	
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 accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE Allen H. Katz (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/S/T		1.1 TITLE ☐ Change ☐ Addition	
1.2 NAME Sylvia Evans		1.2 NAME	
1.3 STREET ADDRESS 5395 W. 22 Ct		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP Hialeah, FL 33016		1.4 CITY-ST-ZIP	
2.1 TITLE ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

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