SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700091216 (6)

1. Corporation Name	00091210 (0)			
YOUR CHOICE TRANSPORTATION	ON, INC.			
	VIII (1114)		1 100 (100 140 1410 0 110 1 10 1 1 10 1 10	a kajaj (k aja (janj jkaje ajji jah)
Principal Place of Business	Mailing Address		1 (301)1101 HTV 185(1 (301)) 001)) 09)(1 00)(1 00)	U 1910) 11010 11001 11010 0111 110 ¹ 1
843 CENTRAL AVENUE	843 CENTRAL AVENUE			
WINDSOR, ONDARIO, CANADA NBY3T-8	WINDSOB ON ARIO. CAN	ADA NBY3T-8		
			DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
			10/23/1997 4. FEI Number	
2. Principal Place of Business	2a. Mailing Address	سے میں		Applied For
21 2286 BRUNER LANG Suite, Apt. #, etg.	E 26 Suite, Apl. #, etc.	me	65-0807773	Not Applicable \$8.75 Additional
22	27	la	5. Certificate of Status Desired	Fee Required
City & State	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23 FORT MYERS FLORI		m €	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 33 912 25 USA	29 5Amo	30 5AME	Personal Property Tax due June 30.	Yes No
9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registered	l Agent
C T CORPORATION SYSTEM		81 Name	Para mar	E 4.4
1200 SOUTH PINE ISLAND ROAL	D	B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	FAY
PLANTATION FL 33324		1 26	286 BRUNER LA	NE
		83		i .
		84 City	17 MYERS, FLOR	85 Zip Code
			Fl	- 33 <i>912</i>
11. Pursuant to the provisions of sections 607.	.0502 and 607.1508, Florida Statute	s, the above-named corpor	ration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	changing Its registered
agent. I am familiar with, and accept the c	state of Florida. Such change was a phligations of section 607,0505, Flo	numorized by the corporation orida Statutes.	on a board of directors. I hereby accept the appo	oinument as registered
SIGNATURE	Nu 1	ROGER M	ATTEMY JULY	20/98
Signature, typed or printed name of registeres	d agent and title if applicable (NC	TE Registered Agent signature requ		NO DIDECTOR III 40
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	T-1
TITLE MAGA MANAGEN NAME STREET ADDRESS 2286 BRUNE	[_] DELETE	1,1 TITLE		L Change Addition
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		. 1.3 STREET ADDRESS		
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Interest certify that the information supplied with this filling does not quality for the exemption stated in section 19.07(3)(i), Fiorida Statutes. Further certify that the findicated on this annual report or supplied with this filling does not quality for the exemption stated in section 19.07(3)(i), Fiorida Statutes. Further certify that the man 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.

**ROC-GROUND TO THE ACT OF THE AC

FILED

Aug 05 1998 8:00am

Secretary of State