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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104614

1. Corporation Name

SOUTH-FLA. TRANSPORT SERVICES, INC.

Principal Place of Business

8000 S. ORANGE AVENUE SUITE 206
STE 208
ORLANDO FL 32809
US

Mailing Address

P O BOX 590433
ORLANDO FL 32859
US

2. Principal Place of Business

2a. Mailing Address

21 364 E. LANDSTREET RD.

26 P.O. Box 590433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ORLANDO, FL.

27 ORLANDO, FL.

City & State

City & State

23 32859 US

28 32859 US

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

MANN, GARY M
4512 COMMANDER DRIVE, STE 1722
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name MANN GARY M
82 Street Address (P.O. Box Number is Not Acceptable)
8281 LAKE UNDERHILL RD
83 ORLANDO FL.
84 City
85 Zip Code FL 32825

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 GARY M. MANN

(NOTE: Registered Agent signature required when reinstating)

2.3.99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MANN, GARY M	
STREET ADDRESS	P O BOX 590433	
CITY-ST-ZIP	ORLANDO FL 32859	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	MANN GARY M		
1.3 STREET ADDRESS	8281 LAKE UNDERHILL RD		
1.4 CITY-ST-ZIP	ORLANDO, FL. 32825		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: [Signature] President

2.3.99

407-850-0981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)