


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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90094 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108170

1. Corporation Name  
PMG TRANSPORTATION, INC.

Principal Place of Business 6300 HAZELTINE NATIONAL DRIVE SUITE 104 ORLANDO FL 32822	Mailing Address 6300 HAZELTINE NATIONAL DRIVE SUITE 104 ORLANDO FL 32822
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/24/1997	4. FEI Number 59-3498609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
MURRAY, RENE Z  
6300 HAZELTINE NATIONAL DRIVE  
SUITE 104  
ORLANDO FL 32822

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, THOMAS R	1.2 NAME	
STREET ADDRESS	6300 HAZELTINE NATIONAL DRIVE, SUITE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIN, JAMES G	2.2 NAME	
STREET ADDRESS	6300 HAZELTINE NATIONAL DRIVE, SUITE 104	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, RENE Z	3.2 NAME	
STREET ADDRESS	6300 HAZELTINE NATIONAL DRIVE, SUITE 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIN, ANGELA	4.2 NAME	
STREET ADDRESS	6300 HAZELTINE NATIONAL DRIVE, SUITE 104	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/99 Daytime Phone #: 850 9400

CR2E034 (11/98)

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