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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000038648</u>			
1. Corporation Name <u>FLORIDA TRANSPORTATION CONNECTION, INC.</u>			
Principal Place of Business <u>150 JACARANDA</u> <u>ORL. FL. 32829</u>		Mailing Address <u>PO Box 22024</u> <u>LA BUEA VISTA FL 32830</u>	
2. Principal Place of Business 21 <u>150 JACARANDA</u> Suite, Apt. #, etc. 22 _____ City & State 23 <u>ORLANDO FL</u> Zip Country 24 <u>32829</u> 25 <u>USA</u>		2a. Mailing Address 26 <u>PO Box 22024</u> Suite, Apt. #, etc. 27 _____ City & State 28 <u>LA BUEA VISTA FL</u> Zip Country 29 <u>32830</u> 30 <u>USA</u>	
9. Name and Address of Current Registered Agent <u>RAYMOND L HENDEL</u> <u>6396 JESS CT.</u> <u>ST. CLOUD FL. 34771</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City 85 Zip Code <u>FL</u>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>PRESIDENT</u> <input type="checkbox"/> DELETE NAME <u>RAYMOND L HENDEL</u> STREET ADDRESS <u>6396 JESS CT</u> CITY-ST-ZIP <u>ST CLOUD FL 34771</u>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <u>VICE PRES.</u> <input type="checkbox"/> DELETE NAME <u>AGUSTIN COLLAZO</u> STREET ADDRESS <u>3306-14 S. SEMINOLE BLVD</u> CITY-ST-ZIP <u>ORL. FL 32822</u>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <u>VICE PRES.</u> <input type="checkbox"/> DELETE NAME <u>RODNEY MOYA</u> STREET ADDRESS <u>27 SILVER PARK CIR</u> CITY-ST-ZIP <u>KISS. FL 34743</u>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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