

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

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

99 AUG 17 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P98000102237**

1. Corporation Name
TRANSPORTATION AND SAFETY CONSULTANTS, INC.

Principal Place of Business %200 S. BISCAYNE BLVD. STE. 1800 MIAMI FL 33131	Mailing Address %200 S. BISCAYNE BLVD. STE. 1800 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6553 S.W. 49 COURT		2a. Mailing Address 6553 S.W. 49 COURT		3. Date Incorporated or Qualified 12/04/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FBI Number 65 088 1173	
22 City & State DAVIE, FL		27 City & State DAVIE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33314		28 Zip 33314		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country USA		29 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BARTHET, PATRICK C %200 S. BISCAYNE BLVD. STE. 1800 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				81 Name EMILIO R. BRANDL	
				82 Street Address (P.O. Box Number is Not Acceptable) 6553 SW 49 COURT	
				83	
				84 City DAVIE	
				85 Zip Code 33314	

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]* DATE **7/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTHET, PATRICK C		1.2 NAME EMILIO R. BRANDL	
STREET ADDRESS %200 S. BISCAYNE BLVD. STE. 1800		1.3 STREET ADDRESS 6553 SW 49 COURT	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP DAVIE, FL 33314	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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

7/30/99 (954) 791-7003

Date Daytime Phone #

CR2E034 (11/99)

ZAND, FISCHER, MUROFF & PLATZER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

MARK J. ZAND, C.P.A.
STEVEN P. FISCHER, C.P.A.
HOWARD W. MUROFF, C.P.A.
WILLIAM N. PLATZER, C.P.A., M.S.T.

ROYA GLASSER, C.P.A.
JUDITH H. JOSEPH, C.P.A.
RICHARD A. REITER, C.P.A.

300 SOUTH PINE ISLAND ROAD
SUITE 110
PLANTATION, FLORIDA 33324
TEL: (954) 370-0300
FAX: (954) 474-8340
WEBSITE: www.zfmp.com

July 29, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Transportation & Safety Consultants, Inc.
Document No.: P98000102237

Gentlemen:

Your notice of the Profit Corporation Annual Report packet was forwarded to our office by our client captioned above. Enclosed herewith please find the form, together with a check in the amount of \$150.00, payable to the Department of State. We ask your consideration in accepting this Report and payment as timely filed due to the fact that the form was not timely forwarded to their office by the registered agent, and they were unaware of the due date.

They have made every effort to comply with all the laws and regulations of all governmental agencies for which filing requirements are necessary. It was never their intent to willfully disregard nor neglect the timely filing of this form.

Your consideration to this request is greatly appreciated. If you should have any further questions, please do not hesitate to contact the undersigned.

Sincerely yours,

ZAND, FISCHER, MUROFF & PLATZER, P.A.


Howard W. Muroff, C.P.A.

HWM/mj
Enclosures

cc: Mr. Emilio Brandl
howard/trans&safcons.deptstate.730991tr