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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 15, 2000 8:00 am
Secretary of State
03-22-2000 90095 028 ***150.00

DOCUMENT # P98000103859

1. Corporation Name

Greenway Trolley & Transit, Inc.

[redacted]

Principal Place of Business	Mailing Address
4901 North Federal Highway Suite 440 Fort Lauderdale, Florida 33308	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
	26	12/11/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0945345	☐ Applied For ☐ Not Applicable
	27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
	28		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
25	29 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Bob Schuster 12319 South Orange Blossom Trail Suite 192 Orlando, Florida 32837	81 Name: Thomas F. Gustafson 82 Street Address (P.O. Box Number is Not Acceptable): 4901 North Federal Highway 83 Suite 440 84 City: Fort Lauderdale FL 85 Zip Code: 33308

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: Thomas F. Gustafson DATE: 4/11/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director ☐ DELETE	1.1 TITLE	Director ☐ Change ☒ Addition
	Bob Schuster	1.2 NAME	John Barr
STREET ADDRESS	12319 S. Orange Blossom Trail	1.3 STREET ADDRESS	12113 Indian Mound Road
CITY ST ZIP	Orlando, Florida 32837	1.4 CITY-ST-ZIP	Lake Worth, Florida 33467-8220
TITLE	President, Director ☐ DELETE	2.1 TITLE	Secretary, Officer ☐ Change ☒ Addition
	Thomas F. Gustafson	2.2 NAME	Tim Gupton
STREET ADDRESS	4901 N. Federal Hgwy. Suite 440	2.3 STREET ADDRESS	708 Westwood Drive
CITY-ST-ZIP	Fort Lauderdale, Florida 33308	2.4 CITY-ST-ZIP	Raleigh, North Carolina 27607
	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
	George Firestone	3.2 NAME	
STREET ADDRESS	10414 Bermuda Drive	3.3 STREET ADDRESS	
CITY ST ZIP	Cooper City, Florida 33026	3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4. 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Thomas F. Gustafson 3/15/2000 954/492-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #