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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90194 007 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S53846

1. Corporation Name

COMET BUS LINES CORPORATION

Principal Place of Business

10360 GENERAL DRIVE
ORLANDO FL 32824
US

Mailing Address

10360 GENERAL DRIVE
ORLANDO FL 32824
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

4. FEI Number

59-3069797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 4559 Route 9 North

27 Suite, Apt. #, etc.

28 City & State

Howell, NJ

29 Zip

07731

Country

USA

10. Name and Address of New Registered Agent

81 Name

Scott Sprengel

82 Street Address (P.O. Box Number is Not Acceptable)

10360 General Drive

83

84 City Orlando

FL

85 Zip Code

32824

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)

1/18/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NOLAN, JOSEPH P.
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

TITLE P
NAME GALLAGHER, DENNIS
STREET ADDRESS 4559 ROUTE 9 NORTH
CITY-ST-ZIP HOWELL NJ 07731

☐ DELETE

TITLE S
NAME BYRNE, ROBERT H.
STREET ADDRESS 4559 ROUTE 9 NORTH
CITY-ST-ZIP HOWELL NJ 07731

☐ DELETE

TITLE T
NAME TIERNEY, JOHN J.
STREET ADDRESS 4559 ROUTE 9 NORTH
CITY-ST-ZIP HOWELL NJ 07731

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18/99

Date

732-942-2250

Daytime Phone #

CR2E034 (11/98)