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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78133

(3)

L & G TRANSPORTATION, INC. Principal Place of Business Mailmo Address 850 NW 69TH TERRACE 850 NW 69TH TERRACE MARGATE FL 33063 MARGATE FL 33063-4335 3. Date incorporated or Qualified 3a. Date of Last Report 09/03/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0307195 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 X 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Elorida Statutos Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ELLIS III, WILLIAM A Name 850 NW 69TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 R4 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or printed name of regeletered agent and title if applicable (NOTE: Registered Agent signature required when retistating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 10.181.

Addition CAHILL, JAMES J NAME 1.2 NAME 850 NW 69TH TERR STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 1.4 CITY - ST- 2(E DELETE TITLE D 2.1 TITLE Charige Addition CAHILL, LORETTA A NAME 22 NAME **850 NW 69TH TERR** STREET ADDRESS 2.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELETE TITLE Change 3.1 1031.0 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CHTY - \$1 - 7/E DELFTE TITLE 4.1 Tiff(+ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 101¢F ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-7/P TITLE DELFTE Change Addition 6.1 THE NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS CITY-ST-ZIP 6 4 CITY - ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

NOMATURE XXXIII (C)

1.19101

954.970-8465

FILED

Apr 15 1997 8:00am

Secretary of State