FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 9:37

DOCUMENT # S82626 (0)

1. Corporation Name

TRANSPORTATION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
315 WILDERMERE RD WEST PALM BEACH FL 33401	P O BOX 4511 W PALM BCH FL 33402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1991
3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0288741 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

9. Name and Address of Current Registered Agent

SPITALE, LAWRENCE P.
315 WILDERMERE RD
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPITALE, LAWRENCE P.
STREET ADDRESS	1527 S. FLAGLER DR #302F
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lawrence P. Spitale LAWRENCE P. SPITALE 5/1/95 407-832-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436252 FP