

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # **S85302** (5)
1. Corporation Name
TRANSPORTATION COORDINATION SERVICES, INC.



Principal Place of Business
**P O BOX 568608
ORLANDO FL 32856**

Mailing Address
**P O BOX 568608
ORLANDO FL 32856**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1991		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 65-0289783		Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**CAMILLO, JOHN M. P.A.
THE LAW OFFICES OF
1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309**

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 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 of officer or director or registered agent or both, as applicable

Signature of Registered Agent or both, as applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	SPINELLI, MICHAEL	1.2 NAME	SPINELLI, JOSEPH
STREET ADDRESS	P.O. BOX 568608 N/A	1.3 STREET ADDRESS	P.O. BOX 568608
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32856
TITLE	D ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SPINELLI, MICHAEL	2.2 NAME	SPINELLI, JOSEPH
STREET ADDRESS	P.O. BOX 568608 N/A	2.3 STREET ADDRESS	P.O. BOX 568608
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32856
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: *Michael Spinelli* MICHAEL SPINELLI, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-422-5000
Date of Filing

CR2E034 (12/95)