

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Sep 29 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1998</b> <b>AMENDED</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---

**DOCUMENT # V15079 (9)**

1. Corporation Name

**BFH TRANSPORT, INC.**

Principal Place of Business	Mailing Address
796 SW Wood Creek Dr, Palm City, FL 34990	796 SW Wood Creek Dr. Palm City, FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

<b>2. Principal Place of Business</b> 21 2740 SW Martin Downs Blvd Suite, Apt. #, etc. 22 Suite 260 City & State 23 Palm City, FL Zip 24 34990	<b>2a. Mailing Address</b> 26 2740 SW Martin Downs Blvd Suite, Apt. #, etc. 27 Suite 260 City & State 28 Palm City, FL Zip 29 34990	<b>4. FEI Number</b> 59-3107575 Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOTISI, THERESA M**  
**796 SW Wood Creek Dr.**  
**Palm City, FL 34990**

81 Name	<b>HILPERT, WERNER R.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>796 SW Wood Creek Dr.</b>
83	
84 City	<b>Palm City</b>
85 Zip Code	<b>FL 34990</b>

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

*Werner R. Hilpert*  
 Signature, typed or printed name of registered agent and title if applicable.

**WERNER R. HILPERT**  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**9/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTISI, THERESA M.	1.2 NAME	HOLLENBACH, FRANCIS C.
STREET ADDRESS	796 SW Wood Creek Dr.	1.3 STREET ADDRESS	2218 Fox Drive
CITY-ST-ZIP	Palm City, FL 34990	1.4 CITY-ST-ZIP	McAllen, TX 78504
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002652702
STREET ADDRESS		6.3 STREET ADDRESS	-09/30/98--01077--011
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE *T. Motisi* T. Motisi

9/21/98

CR2E034 (10/97)