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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39308

(4)

Mailing Address

M.R. TRANSPORT, INC.

Principal Place of Business

16829 - 123RD TRAIL, N. JUPITER CORPORATE CENTER, SUITE 320 JUPITER FL 33478 US		16829 - 123RD TRAIL. N. JUPITER CORPORATE CEN JUPITER FL 33478-6007 US	JUPITER CORPORATE CENTER, SUITE 820 JUPITER FL 33478-6007		3a. Date of Last Report	
				05/26/1992	03/20/1996	
L '	al Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	····	26		65-0407665	Not Applicable	
	Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	Ciala	City & State			Fee Required	
City &	State	├ ── ┐		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	28]	Country			
24	25	29	30	8. This corporation has liability for i	No Yes No	
24]		of Current Registered Agent	1301	10. Name and Address of New Re		
BAKER, THOMAS R. III ESQUIRE			81 Name	81 Name		
			20 0 14	(0.0 0. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1-2	
1	725 NORTH HIGHWAY A1A		82 Street Add	ress (P.O. Box Number is Not Acceptab	il 0)	
	Suite e-208 Jupiter FL 33477		83			
	JUPITED PL 30477					
			B4 City		FL 85 Zip Code	
11. Pursu	ant to the provisions of Section	s 607,0502 and 607,1508. Florida Statute	es, the above-named cor-	poration submits this statement for the p		
71. 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, tyrind or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	 	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	OP	DELETE	1.1 TITLE		Change Addition	
NAME	JINRIGHT, W.R. JR.		1.2 NAME			
STREET ADDR	*****	NORTH	1.3 STREET ADDRESS			
C(11Y-51-21P	***********		1.4 City-St-ZiP			
TITLE	DVTS	☐ DELETE	2.1 TITLE		Change Addition	
NAME	JINRIGHT, MARYLEE		2.2 NAME		ļ	
STREET ADDR		NORTH	2.3 STREET ADDRESS		i	
CITY-S1-7IF			2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDR	RESS		3.3 STREET ADDRESS			
CITY-ST-ZIF	,		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADD	PFSS		4.3 STREET ADDRESS			
CITY - ST - ZIF			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADD	RESS		5.3 STREET ADDRESS			
CITY-ST-ZIF	,		5,4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADD	RESS		6.3 STREET ADDRESS			
CiTY-ST-ZiF			6.4 CITY-ST-ZIP			
14. I do	hereby certify that the information	on supplied with this filing does not quali	fy for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. 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:

SIGNATURE AND THE OR PRINTED VAME OF BIGNING OFFICER OR DIRECTOR

¹3/97 (561) 575-**7**8/2

FILED

Feb 12 1997 8:00am

Secretary of State