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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V51432** (5)

1. Corporation Name

**TRANSPORTATION FINANCIAL GROUP, INC.**

Principal Place of Business

**1800 W COMMERCIAL BLVD  
FT LAUDERDALE FL 33309**

Mailing Address

**1800 W COMMERCIAL BLVD  
FT LAUDERDALE FL 33309**



3. Date Incorporated or Qualified

**07/15/1992**

3a. Date of Last Report

**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMILLO, JOHN M.  
1800 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **GADDIS, JESSE P.**  
STREET ADDRESS **221 W. OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DP** ☐ DELETE  
NAME **MORGAMAN, PHILIP E.**  
STREET ADDRESS **1800 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE  
NAME **CUNNINGHAM, RODNEY**  
STREET ADDRESS **1450 N.W. 1ST AVENUE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE  
NAME **NICHOLS, NEAL**  
STREET ADDRESS **1200 W. HUDSON ST.**  
CITY-ST-ZIP **ARLINGTON VA**

TITLE **D** ☒ DELETE  
NAME **JOHNSON, LELAND P.**  
STREET ADDRESS **2221 UNIVERSITY AVE. SE**  
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **DVP** ☐ DELETE  
NAME **GADDIS, MICHAEL R.**  
STREET ADDRESS **517 N. FEDERAL HWY.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME **D** ☐ Change ☒ Addition  
2 NAME **Rogan, Thomas**  
3 STREET ADDRESS **9690 N.W. 41st St.**  
4 CITY-ST-ZIP **Miami, FL**

5 TITLE ☐ Change ☐ Addition  
6 NAME  
7 STREET ADDRESS  
8 CITY-ST-ZIP

9 TITLE ☐ Change ☐ Addition  
10 NAME  
11 STREET ADDRESS  
12 CITY-ST-ZIP

13 TITLE ☐ Change ☐ Addition  
14 NAME  
15 STREET ADDRESS  
16 CITY-ST-ZIP

17 TITLE ☐ Change ☐ Addition  
18 NAME  
19 STREET ADDRESS  
20 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 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:

**PHILIP E. MORGAMAN**

**4/1/96 954 493-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAYTIME PHONE #

CR2E034 (12/95)