

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V68768** (3)

1. Corporation Name

TRI-RAIL BUS CONNECTION INC.



Principal Place of Business

**2948 NW 59TH ST
MIAMI FL 33142**

Mailing Address

**2948 NW 59TH ST
MIAMI FL 33142**

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

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1992

3a. Date of Last Report

05/01/1995

4. FET Number

NOT APPLICABLE

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. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**KREUTZER, FRANKLIN D
3041 NW 7TH ST #100
MIAMI FL 33125**

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 607.0509 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 Registered Agent (Print Name and Title)

Signature of President or Secretary (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

12.

**PSD
WILLINGHAM, ALPHE
2948 NW 59 STR
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

1. TITLE

☐ Change

☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(g), 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 this statement.

SIGNATURE

Alphe Willingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)