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

**FILED** Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)FLORIDA SUPERIOR TRANSPORT, INC. Principal Place of Business Mailing Address CALOOSA MINE 11 MILES EAST ON S P.O. BOX 5901 STATE ROAD 78 LIGHTHOUSE POINT FL 33074 ORTONA FL 33935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1992 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26 65-0369800 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LENA R. ARENA 500 SOUTH OCEAN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **APT 603** 83 **BOCA RATON FL 33432** 84 City 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. It 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 reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ARENA, LENA R. NAME 1.2 NAME 500 SOUTH OCEAN BLVD APT 603 STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 3343へ CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 2.1 TITLE Change NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34, CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

Change

Addition

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Your A A