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FILED

**Jan 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M26278 (5)

**1. Corporation Name
PALM BEACH TRANSPORTATION, INC.**



Principal Place of Business
1700 FLORIDA MANGO ROAD
WEST PALM BEACH FL 33409
US

Mailing Address
1700 FLORIDA MANGO ROAD
WEST PLAM BEACH FL 33409-5214
US

3. Date Incorporated or Qualified
01/23/1986

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip **29** Country

4. FEI Number
59-2630617

Applied For
 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CUNNINGHAM, P. RODNEY
1450 NW 1ST AVENUE
BOCA RATON FL 33432-1704

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **85** Zip Code **FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------------|--|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GADDIS, JESSE P. | |
| STREET ADDRESS | 221 W. OAKLAND PARK BLVD | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BARR, JAMES S. | |
| STREET ADDRESS | 1450 N.W. 1ST AVE. | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | CUNNINGHAM, P. RODNEY | |
| STREET ADDRESS | 1450 N.W. 1ST AVE | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | GADDIS, MICHAEL | |
| STREET ADDRESS | 221 W. OAKLAND PARK BLVD. | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | DELETE |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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:

James S. Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

361-689-4222

Date

Daytime Phone #

CR2E034 (9/96)