Project: TRANSPORTATION OF SI	PECIAL NEED/DISABL	ED STUDE	ENTS	7111401	mione o
Corporation Name: MED AIDES	SERVICES INCTAX	FEIN Num	ber: <u>05-046</u>	4446	
BENEFICIAL	INTEREST AND DISC	_			
STATE OF FLORIDA			m BEACH		
Before me, the undersigned a	authority, personally appea	ared, MEI ly sworn, as	CLYN ROBERT required by law, su	("Corporate Repribject to the penaltic	resentative") this
perjury, deposes and says:			-	,	•
Corporate Representative has rea that the facts contained herein are	ad the contents of this Affice true, correct, and comple	davit, has ad te.	ctual knowledge of th	ne facts contained he	erein, and states
<ol> <li>The following is a list of every "p associates, joint adventures, par groups and combinations) holding separate sheet)</li> </ol>	tnerships, estates, trusts,	business to	usts, syndicates, fid	luciaries, corporation	ns and all other
A. Persons or corporate entities owning	5% or more:				
MERLYN ROBERTS	835 37TH ST Address	WEST	PALM BEACH	FL 100	0/2
Name	Address			Percentage	e
Name	Address			Percentage	9
Name  B. Persons or corporate entities who ho	Address old by proxy the voting pow	er of 5% or	more:	Percentage	9
Name	Address			Percentage	<u> </u>
Name	Address			Percentage	9
Name C. Stock held for others and for whom i	Address neld:			Percentage	9
Name	Address			Percentage	•
For Whom Held	Address		Percentage	9	
Name	Address			Percentage	9
For Whom Held	Address Percentage		9		
Name	Address	_ ,_,,_	· · · · · · · · · · · · · · · · · · ·	Percentage	9
For Whom Held	Address			Percentage	)
SWORN TO and subscribed before me person(s). (Notary Public must check ap	this DS day of OL	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$	EREPRESENTATIV  LUM HILL  _, 200_5_, by	leto	Such
[ ] is/are personally known to me. [ ] pr	oduced a current driver lice	ense(s). [ ]	produced	_ as identification.	
(NOTARY PUBLIC SEAL)					
	N (F	orry Petitic	EVERTON BIG COMMISSION # DD1 EXPIRES APR 07 2 T Stamp NOTE BOTH ADVANTAGE NOTA	07021 006 etary Public)	

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Project: TRANSPORTATION OF SPECIAL NEED/DISABLED STUDENTS						
Corporation Name: ALA BEACH MEME	TANGATATION Hax FEIN Number:					
	FEREST AND DISCLOSURE OF OW	NERSHIP AFFIDAVIT				
STATE OF FLORI OA	COUNTY OF ALM	BEACH				
Before me, the undersigned auth day of ANL, 2003 perjury, deposes and says:		, ("Corporate Representative") this ed by law, subject to the penalties prescribed for				
Corporate Representative has read the that the facts contained herein are true	ne contents of this Affidavit, has actual kn e, correct, and complete.	nowledge of the facts contained herein, and states				
associates, joint adventures, partner	ships, estates, trusts, business trusts, s	da Statutes to include individuals, children, firms, syndicates, fiduciaries, corporations and all other disclosing entity: (If more space is needed, attach				
A. Persons or corporate entities owning 5%						
TELLOW CAB SERVICES	CORPORATION OF FLORIA	1A, NC				
Name	Address	Percentage				
Name	Address	Percentage				
Name	Address	Percentage				
B. Persons or corporate entities who hold be	y proxy the voting power of 5% or more:					
Name	Address	Percentage				
Name	Address	Percentage				
Name C. Stock held for others and for whom held	Address :	Percentage				
Name	Address	Percentage				
For Whom Held	Address	Percentage				
Name	Address	Percentage				
For Whom Held	Address	Percentage				
Name	Address	Percentage				
For Whom Held	Address	Percentage				
	CORPORATE REP	RESENTATIVE				
	By: <i>//M///-//</i>	Care				
SWORN TO and subscribed before me this person(s). (Notary Public must check applic	able box):	5, by James Barn. Such				
[] is/are personally known to me. [X] produ	ced a current driver license(s). [ ] produc	ced as identification.				
(NOTARY BUBLIOSEAL)	0/2	10-114				
My Comm. Expires April 30, 2007	Notary Public	K. smeller				
No. DD190781	<u>CHERYL</u>	R. MILTON				
OBLIC. OF.	(Print, Type or Star	np Name of Notary Public)				
OF FLORING	11					