

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **405416 (9)**  
1. Corporation Name  
**TRANSIT MANAGEMENT OF FLORIDA, INC.**



Principal Place of Business: **1200 W. SOUTH ST. ORLANDO FL 32805**  
Mailing Address: **1200 W. SOUTH STREET ORLANDO FL 32805 US**

3. Date Incorporated or Qualified: **07/24/1972**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1404415**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent  
**SKOUTELAS, PAUL P  
1200 W. SOUTH STREET  
ORLANDO FL 32805**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **225 E. Robinson Street**  
83 Suite 300  
84 City: **Orlando** FL 85 Zip Code: **32801**

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: \_\_\_\_\_ (The Registered Agent's signature is required when filing.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SKOUTELAS, PAUL P	
STREET ADDRESS	1200 W. SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<del>SPAIN, BETTY</del>	
STREET ADDRESS	1200 W. SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHON, TOM	
STREET ADDRESS	1200 W. SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAY, JUDITH	
STREET ADDRESS	1200 W. SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	225 E. Robinson St., Suite 300
14 CITY-ST-ZIP	Orlando, FL 32801
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Bazinet, Sandra
23 STREET ADDRESS	225 E. Robinson St., Suite 300
24 CITY-ST-ZIP	Orlando, FL 32801
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	225 E. Robinson St., Suite 300
34 CITY-ST-ZIP	Orlando, FL 32801
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	225 E. Robinson St., Suite 300
44 CITY-ST-ZIP	Orlando, FL 32801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Paul P. Skoutelas* Paul P. Skoutelas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 407-841-2534  
DATE DAYTIME PHONE #

CR2E034 (12/95)