

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

FILED
Jun 16 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 # 405416 (9)
 1. Corporation Name
TRANSIT MANAGEMENT OF FLORIDA, INC.



Principal Place of Business: **1800 W. SOUTH ST. ORLANDO FL 32805**
 Mailing Address: **1200 W. SOUTH STREET ORLANDO FL 32805 US**

| | | | | | |
|---|------------|----------------------------------|-------------|--|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 225 E. Robinson Street | | 07/24/1972 | 04/16/1996 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 Orlando, FL | | 59-1404415 | Not Applicable |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 32801 | | 32801 | U.S. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|-------------------------------|-------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SKOUTELAS, PAUL P 225 E. ROBINSON STREET SUITE 300 ORLANDO FL 32801 | | | | 81 Name | Rob Gregg | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 225 E. Robinson Street | | |
| | | | | 83 | Suite 300 | | |
| | | | | 84 City | Orlando | 85 FL | 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: *Rob Gregg* (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------------------------|--|--------------------|---|--|-----------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Interim Executive Director | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | SKOUTELAS, PAUL P | | 1.2 NAME | Gregg, Rob | | | |
| STREET ADDRESS | 225 E. ROBINSON ST., SUITE 300 | | 1.3 STREET ADDRESS | 225 E. Robinson Street, Suite 300 | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | Orlando, FL 32801 | | | |
| TITLE | S | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BAZINET, SANDRA | | 2.2 NAME | | | | |
| STREET ADDRESS | 225 E. ROBINSON ST., SUITE 300 | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ROCHON, TOM | | 3.2 NAME | Schneeman, William | | | |
| STREET ADDRESS | 225 E. ROBINSON ST, SUITE 300 | | 3.3 STREET ADDRESS | 225 E. Robinson Street, Suite 300 | | | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4 CITY-ST-ZIP | Orlando, FL 32801 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RAY, JUDITH | | 4.2 NAME | | | | |
| STREET ADDRESS | 225 E. ROBINSON ST., SUITE 300 | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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: *Sandra B. Mortham* **5/6/97**

CP2E034 (9/96)