

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KRB 11/1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # 405416

1. Corporation Name
TRANSIT MANAGEMENT OF FLORIDA, INC.

Principal Place of Business Mailing Address
1200 W. SOUTH ST. 225 E. ROBINSON ST.
ORLANDO FL 32805 300
ORLANDO FL 32801
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. 445 W. Amelia Street	59-1404415	Not Applicable
22. City & State	27. Suite 800	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Orlando, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. 32801	30. U.S.	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AUGER, LEO P 225 E. ROBINSON ST. STE. 300 ORLANDO FL 32801	81. Name Auger, Leo P. 82. Street Address (P.O. Box Number is Not Acceptable) 445 W. Amelia Street 83. Suite 800 84. City Orlando 85. Zip Code FL 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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]* DATE: 10/26/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, ROB	1.2 NAME	300003030033--6
STREET ADDRESS	225 E. ROBINSON ST., STE. 300	1.3 STREET ADDRESS	-11/01/99--01011--004
CITY-STATE	ORLANDO FL	1.4 CITY-ST-ZIP	****150.00 ****150.00
FILE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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	445 W. Amelia Street, Suite 800
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
FILE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEEMAN, WILLIAM	3.2 NAME	
STREET ADDRESS	225 E. ROBINSON ST., STE 300	3.3 STREET ADDRESS	445 W. Amelia Street, Suite 800
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32801
FILE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director of Finance/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, JUDITH	4.2 NAME	Swope, III, Sidney M.
STREET ADDRESS	225 E. ROBINSON ST., SUITE 300	4.3 STREET ADDRESS	445 W. Amelia Street, Suite 800
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32801
FILE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGER, LEO P	5.2 NAME	
STREET ADDRESS	225 E ROBINSON ST STE 300	5.3 STREET ADDRESS	445 W. Amelia Street, Suite 800
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32801
FILE	<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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 10/26/99 DAYTIME PHONE #

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CR2E034 (11/98)