<b>GECOND</b>	NOTICE: CORPORATION WII	I DE DISSOLVED O	N OD ACTED	AUGUST	4000			
AMOUNT DUE I COR ANNL	ON OR BEFORE 8/7/96: \$225 (IF PROFIT PORATION JAL REPORT	FLI	M AMOUNT DU ORIDA DEPAR Sandra E	RETO REINS RETMENT OF RETMENT OF RETMENT OF RETMENT OF RETMENT	TATE: \$375.) STATE			
		00007755	58 (2)					
	STA TRANSIT, INC.		- ( )					
EA OOL	JIN HINNOH, 1110.					1 1881 188 188 1881 1881 1881 1881 18		
Principal Place	e of Business	Mailing Ad	dress	•	<del></del>			IOON OND FINE ISE FOR
5580 BRECKE ORLANDO FL	NRIDGE CIRCLE 32818		CKENRIDGE CIF FL 32818	RCLE				
				<u></u>		3. Date Incorporated or Qualified 10/20/1994		e of Last Report <b>31/1995</b>
2. Principal Pl	lace of Business	2a. Mailing 26	Address			4. FEI Number 59-3271887		Applied For Not Applicable
Suite, Apt.	#, etc.		\pt #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	)	City & 5	State			Election Campaign Financing     Trust Fund Contribution	$\Box$	\$5.00 May Be Added to Fees
Zip	Country	Zip		Countr	y	8. This corporation has liability for i	nlangible t	
4	9. Name and Address of C	29		30		Florida Statutes  10. Name and Address of New Re	Yes 🗌	No
omçe or re	o the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such i	change was au	uthorizadini	1 '	poration submits this statement for the prion's board of directors. I hereby accept	FL urpose of c the appoir	85 Zip Code hanging its registered strient as registered
SIGNATURE	Signature: typed or printed name of registe	and the Landau		E. Bogistared				
12.	OFFICER	S AND DIRECTORS	(KO)	13.	Jerk signature requ	red when reinstating?  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTORS IN 12
TITLE	PTSV		DELETE	1 1 Ti				Change Addition
NAME	ARIAS, WILLIAM S 5580 BRECKENRIDGE C	ID		1 2 No iš				
STREET ADDRESS DITY-ST-ZIP	ORLANDO FL 32818	il.			ST-ZIP			
TITLE			DELETE	2 1 Ti	31-211			Change Addition
NAME				22 N.				
STREET ADDRESS					1 ADDRESS			
DITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	317	· ST · ZIP			Change Addition
NAME		_	<u></u>	3 2 N			h	
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CITY-ST-ZIP			Toricic	341	S1 - ZiP			T (   1 +443
TITLE NAME		L.	DELETE	41T 4.2			L	Change Addition
STREET ADDRESS				4 3 :	1 ADDRESS			
CITY-ST-ZIP			<b></b>	4.4	ST-ZIP			
TITLE		L	DELETE	5.1			L	Change Addition
STREET ADORESS				521 531	1 ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE			DELETE	611				Change Addition
NAME				62N				
STREET ADDRESS DITY-ST-ZIP					ST-ZIP			
01 211				0.4 t	ar tr			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a further certify that the information indicated on this annual report or supplemental and made under oath; that I am an officer or director of the corporation or the receiver or that my name appears in Block 12 or Block 13 if changed, or on an attachment with an SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECT AM ARIAS

7/29/96 407-290-9192

I does not qualify for the exemption stated in Section 119 07(3)(x), Florida Statutes 1 i report is true and accurate and that my signature shall have the same legal effect as if stee empowered to execute this report as required by Chapter 617, Florida Statutes, and ddress