

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009379 (3)
 1. Corporation Name
PRO-TRANSIT, INCORPORATED



Principal Place of Business 1104 5TH STREET W PALMETTO FL 34221	Mailing Address 1104 5TH STREET W PALMETTO FL 34221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 111 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 111 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/30/1997	
22 City & State 23 PALMETTO, FL		27 City & State 28 PALMETTO, FL		4. FEI Number 65-0718601	
24 Zip 34220		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34220		30 Country USA		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 FOSTER, CHRISTOPHER M 1104 5TH STREET W PALMETTO FL 34221				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOSTER, CHRISTOPHER M 1104 5TH STREET W PALMETTO FL 34221				10. Name and Address of New Registered Agent	
81 Name FOSTER, CHRISTOPHER M		82 Street Address (P.O. Box Number is Not Acceptable) 1804 79th ST NW			
83		84 City BRADENTON		85 Zip Code FL 34209	

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME P CHRISTOPHER M FOSTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.3 STREET ADDRESS 1804 79th ST NW	1.4 CITY-ST-ZIP BRADENTON, FL, 34209	
STREET ADDRESS	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
STREET ADDRESS	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
STREET ADDRESS	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6.3 STREET ADDRESS	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.

SIGNATURE: *Christopher M Foster* 4/23/98 941-736-0313

CR2E034 (10/97)