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001201

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90149 010 ***150.00

DOCUMENT # F95000003696

1. Corporation Name

DATA TRANSIT INTERNATIONAL, INC.



Principal Place of Business

2000 MILLER COURT WEST

~~SUITE 300~~

NORCROSS GA 30071

US

Mailing Address

2000 MILLER COURT WEST

~~SUITE 300~~

NORCROSS GA 30071

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

58-1910718

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 THERE IS NO SUITE

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 THERE IS NO SUITE

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NICOLETTI, JENNIFER
4328 E. TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name

THOMAS DURRANCE

82 Street Address (P.O. Box Number is Not Acceptable)

DATA TRANSIT INTERNATIONAL

83

6365 NORTHWEST 6TH WAY

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NICOLETTI, DAVID M
STREET ADDRESS 6195 MASTERS CLUB DR
CITY-ST-ZIP SUWANEE GA 30174

TITLE S ☐ DELETE

NAME NICOLETTI, JENNIFER
STREET ADDRESS 6195 MASTERS CLUB DR
CITY-ST-ZIP SUWANEE GA 30174

TITLE V ☐ DELETE

NAME BENISH, DANIEL
STREET ADDRESS 1158 TRAILBLAZER WAY
CITY-ST-ZIP LILBURN GA 30247

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a holder like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/CEO

4/21/99

Date

(770) 840-7760

Daytime Phone #

CR2E034 (11/98)