

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

001201

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

04-27-1999 90149 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 THERE IS NO SUITE City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 THERE IS NO SUITE City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 08/01/1995	4. FEI Number 58-1910718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 *Thomas Durrance* **4/23/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NICOLETTI, DAVID M	
STREET ADDRESS	6195 MASTERS CLUB DR	
CITY-ST-ZIP	SUWANEE GA 30174	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NICOLETTI, JENNIFER	
STREET ADDRESS	6195 MASTERS CLUB DR	
CITY-ST-ZIP	SUWANEE GA 30174	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENISH, DANIEL	
STREET ADDRESS	1158 TRAILBLAZER WAY	
CITY-ST-ZIP	LILBURN GA 30247	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 119.073(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 a) other like empowered.

SIGNATURE: *David M. Nicoletti* **PRESIDENT/CEO** **4/21/99** **(770) 840-7760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)