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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13875

(6)

TRANSIT SOFTWARE SYSTEMS, INC.

FILED							
Jul 31	1997 8:00am						
Secr	etary of State						

Principal Plac	ce of Businass	Mailing Address		4 148 1110 0191 1180 11361 19151 19001 91	AR DINII BINII NINII NINIE NINII NINII ANNI
2561 NURSERY	Y RD	2561 NURSERY RD			
SUITE B	E1 04004	SUITE B	•		
US	LF 94054	CLEARWATER FL 34624-3063 US	J	3. Date incorporated or Qualified	3a, Date of Last Report
**		•		05/08/1986	04/30/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 636	8 92 TO PL N		ox 2397	59-2660174	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 2	Unit 1801	27		<b>6.</b> Certificate of Status Desired	Fee Required
City & Stat	7/ 1). 1	Sily & Stato	Pank FL	6. Election Campaign Financing	\$5.00 May Be
23 7 7 7 6	llas Pank	28 Pine (10) P		Trust Fund Contribution	Added to Fees
Zip 33	782 Country	22720	Country	8. This corporation has liability for	
24 ك	9 Name and Address of Current	29 3.5 70 0 3	30 finella	Florida Statutes  10. Name and Address of New F	Yes No
	<del></del>	Hedistelen Waeur	81 Name	10. Name and Address of New P	tegistered Agent
	ITTEMORE, KENT G		o. Idanie		
	EACH DRIVE SE		82 Street Ad	ldress (P.O. Box Number is Not Accept	able)
	TE 205		83		
311	PETE FL 33701				
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statuter	s the above-named or	orporation submits this statement for the	
office or i	registered agent, or both, in the State of	of Elorida. Such change was au	thorized by the cornor	ration's board of directors. I hereby acc	ept the appointment as registered
I	am familiar with, and accept the obligat	lions of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	r and title if applicable (NOTE	Registered Agent a gnature rec	gured when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEIDY, KENNETH JOHN		1.2 NAME	0.53 7 0	DI Aut D
STREET ADDRESS	P. O. BOX 5793		1.3 STREET ADDRESS	9050 Colony	30 5040
CITY-ST-ZIP	KETCHUM ID		1.4 CITY - ST - ZIP	9050 Colony Rivenside CA	92503-8060
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CHY - S1 - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - 2IP		
TITLE		☐ DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP	······································	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dritte	5.4 CITY - \$1 - ZIP		Change Addu-
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do horeby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual Applied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual Applied or supplemental turnual report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receipt of trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged, or on an algorithm with an address.