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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 1996 (0)K50554 DOCUMENT # INTERNATIONAL TRANSIT SYSTEMS, INC. Mailing Address Principal Place of Business 200 N PARK AVENUE 238 N PARK AVENUE 2772 LIONHEART ROAD 2772-LIONHEART ROAD WINTER PARK FL 32789 WINTER PARK FL 32789 3a. Date of Last Report 3. Date incorporated or Qualified 32792 05/01/1995 12/12/1988 Applied For 4. EEI Number 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apr. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032, Žφ Country Country ☐ Yes KL No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) KOSUTA, CRAIG J. 82 238 N PARK AVENUE 83 WINTER PARK FL 32789 85 Zip Code 84 City 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 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.110.6 TITLE 1.2 NAME KOSUTA, CRAIG J. NAMÉ 238 N PARK AVENUE 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 14 CITY S1-7P CITY - ST- ZIP Change □ Addit on DELETE 2 1 Tilluf TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZiP Change Addition DELETE 3 1 TITLE TITLE NAME 3.3 STHEET ADDRESS STREET ADDRESS 3.4 C(0.y - ST - Z)P CITY - ST - ZIP Change Addition DELFIE 4 1 THE TITLE NAME 4.3 STHEET ADORESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition []] DELETE 5 THUS 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST - ZIP CITY - S1 - ZIP Addition DELF!E 6 1 Tifle TITLE

14. I do hereby certify that the information supplied with this fairg is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or direction of this enquired on or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, of organization much an address.

6.2 NAME

6.3 STREET ADDRESS

64 C/TY - S1 7₽

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE SED TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

8-1.96 407-647 7558

CR2E034 (12/95)