## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

K50554

(0)

INTERNATIONAL TRANSIT SYSTEMS, INC.

FILED
Jul 23 1997 8:00am
Secretary of State

INTERINATIONAL TOP	AINOTE OF OF EINE	), 11NO:			
Principal Place of Business		Mailing Address		-	
238 N PARK AVENUE		2772 LIONHEART ROA	ח		
WINTER PARK FL 32789		WINTER PARK FL 327		Į	
US		US		DO NOT WRITE	T
:			1	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		313 U)E4	INIO AVENVE	12/12/1988	08/15/1996
	avenye	2a. Address	- 1Vo-146	4, FEI Number	Applied For
Suite, Apt. #, etc.	nvenre	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable   \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23 WINTER PARK	PLORINA	28 WINTER PA	EX FLORIDA	Trust Fund Contribution	Added to Fees
Zip C	Country	Zip	Country	8. This corporation owes or has pai	· · · · · · · · · · · · · · · · · · ·
24 32 78 9 25	gary wit	29 32789	30 ORANGE	Personal Property Tax due June	30. ☐ Yes 🔼 No
	Address of Current I	Registered Agent		10. Name and Address of New Reg	gistered Agent
, KOSUTA, CRAIG J.			81 Name		
238 N PARK AVENUE 82 Street Addr				ess (P.O. Box Number is Not Acceptab	le)
· WINTER PARK FL 32789					
•			83		
1			B4 City		85 Zip Code
44 Discount to the	(0-1-00-00-00-00-00-00-00-00-00-00-00-00-	1 007 4500 Ft. 11 0.			
<ul> <li>office or registered agent, or</li> </ul>	r bolh, in the State of	Horida. Such change wa	s authorized by the corporati	oration submits this statement for the proofs board of directors. Thereby accep	urpose of changing its registered. I
agont. Familiar with, and	d accept the obligation	ons of, Section 607.0505,	Florida Statutes.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	od name of registered agent a		85V 40.000.000 40.00 777 (20.000000	en e	
12.	OFFICERS AND E		OTT. Augistored Agent signature require	ADDITIONS/CHANGES TO OFFIC	DATI
1/1LE P		DELETE	1.1 10kg	ADDITIONS/OFFANGES TO OFFIC	Change Addition
NAME KOSUTA, CRA	AIG J.		1.2 NAME		
STREET ADDRESS 238 N PARK			1.3 STREET ADDRESS		
CITY-ST-ZIP WINTER PARI	K FL		1.4 CITY - \$T - 7IF		
TITLE		DELETE	2.1 HitH		Change Addition
NAME			2.2 NAME		,
STREET ADDRESS			2.3 STRULL ADDRESS		
CITY-ST-ZIP			2 4 CHY-S1-7P		
1muf		☐ DETETE	3 1 1IILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	·		3.4. C(1Y - \$1 - 7IP		
TITLE		L. DETETE	4.1 THLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CHY- S1-7IP	TO 1980 N. 10 Aug	
TITLE		☐ DELF1E	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STRELT ADDRESS		
CITY-ST-ZIP		Litter	5.4 CHY-S1-7IP		
TITLE		DELETE	611011	<b>G9720490</b> ( -07/23/970105) ***1100.00	Change Addition
NAME CTREET ADDOLGO	•		62 NAMI	-07/23/970105	5006
STREET ADDRESS			6.3 STREET ADDRESS	***1100 00	7.73
City-St-2ii	Anna arta		6 4 CHY-S1-7IP		1.07

4. I do hereby certify that the information supplied with this filing cloes 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 of 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, if on an attachment with an address.