

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

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40617 (3)
1. Corporation Name
INTERNATIONAL TRANSIT, INC.

Principal Place of Business
750 WEST THIRD ST.
CINCINNATI OH 45203

Mailing Address
5711 RICHARD STREET
SUITE 4
JACKSONVILLE FL 32216-5956

3. Date Incorporated or Qualified 09/24/1992	3a. Date of Last Report 03/18/1996
4. FEI Number 31-1338516	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 700 WEST PETE ROSE WAY Suite, Apt. #, etc. 22 City & State 23 CINCINNATI, OH. Zip 24 45203	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA 30
---	--

9. Name and Address of Current Registered Agent
HOOD, DWAYNE
5711 RICHARD STREET
SUITE 4
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 *Del Osburn Treasurer* DATE 6/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOCK, RICHARD	1.2 NAME	
STREET ADDRESS	750 WEST THIRD ST.	1.3 STREET ADDRESS	700 WEST PETE ROSE WAY
CITY-ST-ZIP	CINCINNATI OH 45203	1.4 CITY-ST-ZIP	CINCINNATI, OH. 45203
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, DWAYNE	2.2 NAME	
STREET ADDRESS	5711 RICHARD ST., SUITE 4	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBURN, DEL	3.2 NAME	
STREET ADDRESS	5711 RICHARD ST., SUITE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, BRADLEY	4.2 NAME	HOWELL, BRADLEY
STREET ADDRESS	750 WEST THIRD ST.	4.3 STREET ADDRESS	700 WEST PETE ROSE WAY
CITY-ST-ZIP	CINCINNATI OH 45203	4.4 CITY-ST-ZIP	CINCINNATI, OH. 45203
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does 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 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.

SIGNATURE: *Del Osburn Treasurer* DATE 6/30/97