

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

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
85 Zip Code

FL

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

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KNOCK, RICHARD	
STREET ADDRESS	750 WEST THIRD ST.	
CITY-ST-ZIP	CINCINNATI OH 45203	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOOD, DWAYNE	
STREET ADDRESS	5711 RICHARD ST., SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OSBURN, DEL	
STREET ADDRESS	5711 RICHARD ST., SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOWE, BRADLEY	
STREET ADDRESS	750 WEST THIRD ST.	
CITY-ST-ZIP	CINCINNATI OH 45203	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700 WEST PETE ROSE WAY
1.4 CITY-ST-ZIP	CINCINNATI, OH. 45203
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOWELL, BRADLEY
4.3 STREET ADDRESS	700 WEST PETE ROSE WAY
4.4 CITY-ST-ZIP	CINCINNATI, OH. 45203
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	100002256481
6.3 STREET ADDRESS	-08/04/97--01033--016
6.4 CITY-ST-ZIP	***558.75

cc 7/28

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**