FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

AND FILED

95 MAY -1 PM 1:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000017695 (6)

1. Corporate Name

WHEELCHAIR IN TRANSIT, INC.

Principal Place of Business: 1432 SE HUFFMAN ROAD, PORT ST LUCIE FL 34952, US

Mailing Address: 1432 SE HUFFMAN ROAD, PORT ST. LUCIE FL 34952, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	03/04/1993
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0394816
Applied For / Not Applicable	
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	X Yes / No

2. Principal Place of Business: 21 — Suite, Apt. #, etc.: 22 — City & State: 23 — Zip: 24 — Country: 25

2a. Mailing Address: 26 — Suite, Apt. #, etc.: 27 — City & State: 28 — Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Change / Addition
NAME	WITT, FREDERICK F	
STREET ADDRESS	1542 S.E. HATFIELD COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	Change / Addition
NAME	WITT, BETTY A	
STREET ADDRESS	1542 S.E. HATFIELD COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Fred A Witt FREDERICK WITT 4/26/95 407 398-9488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0378830 CP