SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
DOCU 1. Corporatio	MENT in Name	#

P95000041535 (2)

GEOGRAPHIC TRANSITIONS, INC.

Principal Place of Business	Mailing Address	
2281 LEE ROAD. STE. 105 WINTER PARK FL 32789	2281 LEE ROAD. STE. 105 WINTER PARK FL 32789	

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	TE GETTO	<b></b>				3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Addr	ess			4. FEI Number	Applied For
12281		26 .50	ø.			59-331953	
Suite, Apt. #,		Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75 Additional
2 105		27					Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees
3 w; ~ to	a rock, FL	28				Trust Fund Contribution	
Zip	Country	Zip	ļ	_ Country □		This corporation has liability for I Florida Statutes	ntangible tax under sillee usz.
3278		29	30	<u>)</u>		10. Name and Address of New Re	<u></u>
	9. Name and Address of Current	Hegistered Agent		81	Name	TV. Italia	<u> </u>
	er, paul l						1.3
228	1 LEE ROAD, STE. 105			82	Street Add	lress (P.O. Box Number is Not Acceptab	ne)
WIN	ITER PARK FL 32789			83			
				64	City		FL 85 Zip Code
44 6	the angle of Coolege 607 0503	Land 607 1508 Flore	da Stalutes	the above	named corr	poration submits this statement for the previous board of dwoctors. Thereby accept	urpose of changing its registered
office or re- agent I am	gistered agent, or both, in the State of I familiar with, and accept the obligation	of Florida. Such chan tions of, Section 607.	ige was aun .0505, Florid	la Statutes	the corpora.	poration submits this statement for the pi ion's board of directors. Thereby accept	( Constitution of the cons
SIGNATURE _	ignative typed or posted name of registered age.	it and the if applicable	(N.STE F	Registered Ag	est a go at the feet	rad when read thag)	EALE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC	
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CITY-ST-ZIP	WINTER PARK FL 32789			14 C-TY -	ST-ZIP		
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		U .					
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· I	LOCKHART, ANDREW D			2 3 STHEE 2 4 CITY			
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I do hereby certify that the information supplied with this firing 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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR