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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070406 (0)

INTERNATIONAL TRANSPORT SYSTEMS, INC.

Principal Place of Business Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



25 AZALEA DRIVE COCOA BEACH FL 32831		25 AZALEA DRIVE COCOA BEACH FL 32931			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1995	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3343948	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	y	This corporation owes or has paid the enterprise Personal Property Tax due June 30.	🗵 Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Registers	ed Agent
	ans, darol f		81	Name		
	AZALEA DRIVE ICOA BEACH FL 32931		82		dress (P.O. Box Number is Not Acceptable)	
,			83			
			84	City		85 Zip Code
agent. I at	in familiar with, and accept the obligation of the obligation proveduence of the sheet age.	itions of, Section 607.0505,	Florida Statute	Ś.	ition's board of directors. I hereby accept the a	1/98
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Additio
NAME	EVANS, DAROL F L	_ 0	1.2 NAME			
STREET ADDRESS	25 AZALEA DRIVE			T ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-	S1-ZIP		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	EVANS, GARY B		2.2 NAME			
STREET ADDRESS	25 AZALEA DRIVE			TADDRESS		
CITY-ST-ZIP TITLE	COCOA BEACH FL 32931	DELETE	2.4 CITY- 3.1 TITLE	Si-ZIP		Change Addition
NAME	EVANS, MARY P	Meete	3.2 NAME			
STREET ADDRESS	25 AZALEA DRIVE			T ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		3 4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Additio
NAME			4. 2 NAME	•		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City - : 5.1 Title	SI - ZIP		Change Additio
NAME			5.2 NAME			
STREET ADDRESS				r address		
CITY-ST-ZIP			5.4 CiTY-			
TITLE		☐ DELETE	6.1 TITLE			Change Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	F ADDRESS		
CITY - ST - ZIP			6.4 CITY-	ST-ZIP		

14. Thereby 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 supplicamental 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