1999



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FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90022 030 \*\*\*150.00

INTERNA	ITIONAL TRANSPORT SYS	rems, inc.				
Principal Place	of Business	Mailing Address				311 48111 18811 48117 41811 48111 48111
25 AZALEA DRIVE COCOA BEACH FL 32931  25 AZALEA DRIVE COCOA BEACH FL 32931					DO NOT WRITE IN	N THIS SPACE
	5. 75.75 N. S. S. 33.				3. Date Incorporated or Qualifed 09/08/1995	
2. Principal Pl	ace of Business (** ** **	2a. Mailing Address			4. FEI Number	Applied For
21	•	26			59-3343948	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	Fee Required	
City & State	<del>.</del> .	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country		8. This corporation owes the current y	year Intangible ☐ Yes ☐ No
24	[25]	29 30			Personal Property Tax.  10. Name and Address of New Regis	
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent
FVΔI	NS, DAROL F		Ľ			<u> </u>
	ZALEA DRIVE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	OA BEACH FL 32931		83			
000	ON BENOTIFE GEGG!		00			
			84	City		FL 85 Zip Code
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Florida Statutes of Florida. Such change was auth tions of, Section 607,0505, Florid	the above norized by a Statutes	e-named co the corpora	orporation submits this statement for the purpation's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ager	t signature requ		DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE	١,	PRESIOENT	☐ Change ☐ Addition
NAME	EVANS, DAROL F L		1.2 NAME		DAROL F. EVAUS	
STREET ADDRESS	25 AZALEA DRIVE		1.3 STREET	ADDRESS	COCOA BEACH FL.	22421
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-S		COCOA BEACH FL.	32931
TITLE	D	☐ DELETE	2.1 TITLE		VICE PRESIDENT	Change ☐ Addition
NAME	EVANS, GARY B		2.2 NAME		GARY B. EVANG	ļ
STREET ADDRESS	25 Azalea Drive	•	2.3 STREET	ADDRESS	25 AZALEN OR	, ,,,,,,
CITY-ST-ZIP	COCOA BEACH FL 32931		2. 4 CITY-S	T-ZIP	25 AZALEA OR. P	L. 32951
TITLE	D	☐ DELETE	3.1 TITLE		SECRETARY AND T	RE SUKER ☐ Addition
NAME	EVANS, MARY P		3.2 NAME		MARY P. EVAUS	
STREET ADDRESS	25 AZALEA DRIVE		3.3 STREE	FADDRESS	25 AZALEA DR.	
CITY-ST-ZIP	COCOA BEACH FL 32931		3.4. CITY - S	T-ZIP	COCOR BEACH, 121.	3243 Change Addition
TITLE		☐ DELETE	4.1 TITLE		2	Change   Addition
NAME			4,2 NAME	1		
STREET ADDRESS	n	•	4.3 STREE			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE		□ DÉCE LE	5.1 TITLE			Change D Addition (
NAME			5.2 NAME 5.3 STREE	TADDRESS		į
STREET ADDRESS						
CITY-ST-ZIP	*	DELETE	5.4 CITY-S 6.1 TITLE >			Change Addition .
TIMLE	The state of the s	TO THE PERSON OF	6.2 NAME			
NAME	•		6.3 STREE	T ADDRESS		
STREET ADDRESS			64 CITY-S			

14. I 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, with all other like empowered.

**SIGNATURE:**