## 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 # P97
1. Corporation Name
TRANSIT SOLUTIONS, INC. P97000100984 (8)

## **FILED** May 08 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			
3907 KIAWA DRIVE 3907 KIAWA DRIVE					
ORLANDO FL 32837 ORLANDO FL 32837					DO AIGT WOITE IN THIS ORAGE
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
<b>i</b> .					12/01/1997
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number _ Applied For
21	26				59-3480073 Not Applicable
I SUITE, ADI. #, ETC.   SUITE, ADI. #, ETC		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 27 27 City # State					Fee Required
		City & State	<u> </u>		6. Election Campaign Financing \$5.00 May Be
23 Zip Country			Zip Country		Trust Fund Contribution
24	Country Zip C  25 29 30			r <b>y</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		30)		10. Name and Address of New Registered Agent
FO	UST, KATHLEEN M		8	1 Name	
17 SOUTH ORLANDO AVENUE			ä	2 Street A	Address (P.O. Box Number is Not Acceptable)
KISSIMMEE FL 34741			L		(duliess (1.5), box (dulies) is 1401 / coopiable)
			8	3	
			8	4 City	85 Zip Code
					FL
11. Pursuant t office or re agent. Lar	to t <b>he</b> provisions of Sections 607.05 egi <b>ste</b> red agent, or both, in the Sta m <b>fam</b> iliar with, and accept the obli	502 and 607.1508, Florida <b>Sta</b> tute te of Florida. Such change <b>wa</b> s ac gations of, Section 607.05 <b>0</b> 5, Flor	s, the abo uthorized i rida Statut	ve-named o by the corpo es.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a			gent signature r	required when reinstating)  DATE  A PORTUGUE AND PROTOTO OF THE PR
12.	PD OFFICERS A	ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	KANE, PETE		1.2 NAM		and the state of t
STREET ADDRESS	BAAR MANA DONE			ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY		
TITLE	VD .	DELETE	2 1 TITLE		Change Addition
NAME	KANE, RITA A		2.2 NAM		
STREET ADDRESS	<b>39</b> 07 Kiawa Drive		23 STRE	ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837		2 4 CiTY	- S7 - ZIP	
TITLE		DELETE 3.11			Change Addition
NAME			3.2 NAM		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		The second secon		- ST - ZIP	
TITLE	_		4.1 TITLE		☐ Change ☐ Addition ☐
NAME			4. 2 NAM		
				T ADDRESS	
TITLE		DELETE	4.4 CITY 5.1 TITLE		☐ Change ☐ Addition
NAME		occur	5.2 NAM		country
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE			6.1 TITLE		Change Addition
NAME		_	6.2 NAMI		_ · <b>_</b>
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP			6.4 CITY	1	
	ertify that the information supplied	with this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

nertial 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 preceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Latterboad with a different