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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90100 034 ***150.00

1999

DOCUMENT # P98000091625 1. Corporation Name

INNOVA	TIVE TRANSIT SOLUTIONS	5, INC.				
Principal Place	e of Business	Mailing Address			- I SERIISMONI SIM IMIRI YOSHI AMIIS BENESI MUSII I	YOURD ZOEBY HEALE ONERS HEAR BEIN YEAR
2055 SPRINT BLVD 2055 SPRINT BLVD					1	
APOPKA FL 32703 APOPKA FL 32703				DO NOT WRITE IN THIS SPACE		THIC COACE
					3. Date Incorporated or Qualifed	INIS SPACE
					10/27/1998	
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	ar Flace of Business 26				59-3539267	Not Applicable
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year	
24	25		30		Personal Property Tax.	☐ Yes ☐ No
_	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent
DUN	EOLA VANCOA A		81	Name		
RUNFOLA, VINESA A			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
2055 SPRINT BLVD APOPKA FL 32703						
APU	FRA FL 32703		83	3		
			84	City		FL 85 Zip Code
		TOO			oration submits this statement for the purpos	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florida. Such change was au	thorized by	v tne corporatio	on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					d when reinstating) DAT	
40	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Age	ent signature required	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE	1.1 TITLE		TODAY OF THE TOTAL	☐ Change ☐ Addition
NAME	WHITAKER, CYNTHIA		1.2 NAME			
STREET ADDRESS	2055 SPRINT BLVD		1.3 STREET ADORESS			
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP			1
TITLE	VSTD DELETE		2.1 TITLE	J. C.		☐ Change ☐ Addition
NAME	RUNFOLA, VINESA A		2.2 NAME			{
STREET ADDRESS	2055 SPRINT BLVD			ET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	`	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		Change C Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			■ 6.3 STRE	ET ADDRESS		1

City-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS