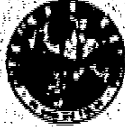


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 14 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S81894 (5)**

1. Corporation Name  
**M.I.T.S. CORP. SOUTHERN DIVISION**

Principal Place of Business Mailing Address  
**5882 CENTRAL AVE 5882 CENTRAL AVE  
ST PETERSBURG FL 33707-1621 ST PETERSBURG FL 33707-1621**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1991** 3a. Date of Last Report **04/13/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3083929</b>	Applied For Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	Zip	28	Zip	9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

**GAYTON, JOSEPH E  
118 TREASURE ISLAND CAUSEWAY  
TREASURE ISLAND FL 33706**

**10. Name and Address of New Registered Agent**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, TOM III</b>	1.2 NAME	
STREET ADDRESS	<b>2341 DENINGER ROD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, TIM</b>	2.2 NAME	
STREET ADDRESS	<b>7502 MOYER ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HARRISBURG PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, TIM</b>	3.2 NAME	
STREET ADDRESS	<b>2311 N. FRONT ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HARRISBURG PA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEENER, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>12205 5TH ST, EAST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOLARAC, GEORGE</b>	5.2 NAME	
STREET ADDRESS	<b>2800 WILSON PARKWAY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HARRISBURG PA</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

**SIGNATURE:** *John Keener* **JOHN KEENER** **4-11-95 (813) 345-6641**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)