

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

**FILED**

**Feb 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S81894 (5)**  
1. Corporation Name  
**M.I.T.S. CORP. SOUTHERN DIVISION**



Principal Place of Business <b>5982 CENTRAL AVE ST PETERSBURG FL 33707-1621</b>	Mailing Address <b>5982 CENTRAL AVE ST PETERSBURG FL 33707-1621</b>
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3. Date Incorporated or Qualified <b>09/20/1991</b>		3a. Date of Last Report <b>04/23/1996</b>	
2. Principal Place of Business		4. FEI Number <b>59-3083929</b>	
2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GAYTON, JOSEPH E 116 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, TOM III</b>	1.2 NAME	
STREET ADDRESS	<b>2341 DEININGER ROD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YORK PA</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	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	P <input type="checkbox"/> DELETE	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	V <input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: John E. Keener **John E. Keener** 2-24-97 813 3456641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)