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FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V22615 (1)
 1. Corporation Name
ITC OF NAPLES, INC.



Principal Place of Business: **2887 E TAMiami TRAIL SUITE SIX NAPLES FL 33962**
 Mailing Address: **2887 E TAMiami TRAIL SUITE SIX NAPLES FL 34112-5747**

3. Date Incorporated or Qualified: **03/14/1992**
 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **65-0317292**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 **4241 CHANTELLE DR**
 Suite, Apt. #, etc.
 22 **D101**
 City & State
 23 **NAPLES FL**
 Zip
 24 **34112** Country
 25 **COLLIER**

9. Name and Address of Current Registered Agent
WAINWRIGHT, MARJORIE S.
2887 E TAMiami TRAIL SUITE 6 NAPLES FL 33962

10. Name and Address of New Registered Agent
 81 Name: **WAINWRIGHT, MARJORIE**
 82 Street Address (P.O. Box Number is Not Acceptable): **4241 CHANTELLE DR**
 83 **D101**
 84 City: **NAPLES** FL 85 Zip Code: **34112**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when substituting)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAINWRIGHT, MAJORIE	
STREET ADDRESS	2887 E TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARJORIE WAINWRIGHT	
1.3 STREET ADDRESS	4241 CHANTELLE DR D101	
1.4 CITY-ST-ZIP	NAPLES FL 34112	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****165.00**

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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)