

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JAN 20 PM 1:15

**DOCUMENT # 717353 (7)**

1. Corporation Name  
**CITA, INC.**

Principal Place of Business	Mailing Address
2304 S. HARBOR CITY BLVD. MELBOURNE FL 32901-5596 US	P.O. BOX 2105 MELBOURNE FL 32902-2105 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/14/1969</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>59-1273570</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2330 Rockwell Lane</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Melbourne, FL</b>	28
Zip	Country
24 <b>32901-5553</b>	25 <b>USA</b>
29	30

9. Name and Address of Current Registered Agent

**ELLISON, JOHNNY S**  
 1690 S US 1  
 PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name <b>Ellison, Johnny S.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1690 S. US 1</b>
83
84 City <b>Malabar, FL</b>
85 Zip Code <b>32950</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>GUINN, WAYNE</b>
STREET ADDRESS	<b>3025 ARIZONA STREET</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>ELLISON, HELEN M</b>
STREET ADDRESS	<b>1690 S US 1</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>
TITLE	<b>PD</b>
NAME	<b>ELLISON, JOHNNY S</b>
STREET ADDRESS	<b>1690 S US 1</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>
TITLE	<b>T</b>
NAME	<b>WEBB, WILLIAM</b>
STREET ADDRESS	<b>619 W. ESPANOLA WAY</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Add Zip 32904</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SD</b>
2.3 STREET ADDRESS	<b>Ellison, Helen M.</b>
2.4 CITY-ST-ZIP	<b>1690 S. US 1</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PD</b>
3.3 STREET ADDRESS	<b>Ellison, Johnny S</b>
3.4 CITY-ST-ZIP	<b>1690 S. US 1</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>Add Zip 32901</b>
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	

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen M. Ellison - Helen M. Ellison, SD 1/13/95 (40) 723-7938