

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

CORPORATION ANNUAL REPORT 1995



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

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 10/14/1969 3a. Date of Last Report 01/25/1994
4. FEI Number 59-1273570 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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

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	VD
NAME	GUINN, WAYNE
STREET ADDRESS	3025 ARIZONA STREET
CITY- ST- ZIP	MELBOURNE, FL 00000
TITLE	SD
NAME	ELLISON, HELEN M
STREET ADDRESS	1690 S US 1
CITY- ST- ZIP	PALM BAY FL
TITLE	PD
NAME	ELLISON, JOHNNY S
STREET ADDRESS	1690 S US 1
CITY- ST- ZIP	PALM BAY FL
TITLE	T
NAME	WEBB, WILLIAM
STREET ADDRESS	619 W. ESPANOLA WAY
CITY- ST- ZIP	MELBOURNE FL
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	Add Zip 32904
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ellison, Helen M.
2.3 STREET ADDRESS	1690 S. US 1
2.4 CITY- ST- ZIP	Malabar, FL 32950
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellison, Johnny S
3.3 STREET ADDRESS	1690 S. US 1
3.4 CITY- ST- ZIP	Malabar, FL 32950
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	Add Zip 32901
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #