

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 717353 (7)**

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



Principal Place of Business <b>2330 ROCKWELL LANE MELBOURNE FL 32901-5553 US</b>	Mailing Address <b>P.O. BOX 2105 MELBOURNE FL 32902-2105 US</b>
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3. Date Incorporated or Qualified <b>10/14/1969</b>	3a. Date of Last Report <b>01/20/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1273570</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

<p><b>g. Name and Address of Current Registered Agent</b></p> <p><b>ELLISON, JOHNNY S 1690 S US 1 MALABAR FL 32950</b></p>	<p><b>10. Name and Address of New Registered Agent</b></p> <p><b>81</b> Name <b>NA</b></p> <p><b>82</b> Street Address (P.O. Box Number is Not Acceptable)</p> <p><b>83</b></p> <p><b>84</b> City <b>FL</b> <b>85</b> Zip Code</p>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE NA  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <b>GUINN, WAYNE</b>	1.1 TITLE	First VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3025 ARIZONA STREET</b>	1.2 NAME	<b>Quinn, Wayne</b>
STREET ADDRESS	<b>MELBOURNE, FL 00000</b>	1.3 STREET ADDRESS	<b>3025 Arizona Street</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Melbourne, FL 32904</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Second VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLISON, HELEN M</b>	2.2 NAME	<b>Ellison, Daniel G.</b>
STREET ADDRESS	<b>1690 S US 1</b>	2.3 STREET ADDRESS	<b>736 Ballard Drive</b>
CITY-ST-ZIP	<b>MALABAR FL</b>	2.4 CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, JOHNNY S</b>	3.2 NAME	
STREET ADDRESS	<b>1690 S US 1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MALABAR FL</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>619 W. ESPANOLA WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 3/19/96 (407) 723-7938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)