

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

Mailing Address

2330 ROCKWELL LANE
MELBOURNE FL 32901-5553
US

P.O. BOX 2105
MELBOURNE FL 32902-2105
US

3. Date Incorporated or Qualified
10/14/1969

3a. Date of Last Report
01/20/1995

21 Principal Place of Business

26 Mailing Address

4. FEI Number
59-1273570

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLISON, JOHNNY S
1690 S US 1
MALABAR FL 32950

81 Name

NA

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GUINN, WAYNE | |
| STREET ADDRESS | 3025 ARIZONA STREET | |
| CITY - ST - ZIP | MELBOURNE, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ELLISON, HELEN M | |
| STREET ADDRESS | 1690 S US 1 | |
| CITY - ST - ZIP | MALABAR FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ELLISON, JOHNNY S | |
| STREET ADDRESS | 1690 S US 1 | |
| CITY - ST - ZIP | MALABAR FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WEBB, WILLIAM | |
| STREET ADDRESS | 619 W. ESPANOLA WAY | |
| CITY - ST - ZIP | MELBOURNE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|---------------------|--|
| 1.1 TITLE | First V D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Quinn, Wayne | |
| 1.3 STREET ADDRESS | 3025 Arizona Street | |
| 1.4 CITY - ST - ZIP | Melbourne, FL 32904 | |
| 2.1 TITLE | Second V D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Ellison, Daniel G. | |
| 2.3 STREET ADDRESS | 736 Ballard Drive | |
| 2.4 CITY - ST - ZIP | Melbourne, FL 32935 | |
| 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 | | |

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)