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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
2330 ROCKWELL LANE
MELBOURNE FL 32901-5553
US

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

3. Date Incorporated or Qualified 10/14/1969	3a. Date of Last Report 03/28/1996
4. FEI Number 59-1273570	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
ELLISON, JOHNNY S
1690 S US 1
MALABAR FL 32950

10. Name and Address of New Registered Agent

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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	VD	<input type="checkbox"/> DELETE
NAME	ELLISON, DANIEL G.	
STREET ADDRESS	736 BALLARD DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	Ellison, Johns.	
STREET ADDRESS	712 John Carroll Ave.	
CITY-ST-ZIP	West Melbourne, FL 32904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUINN, WAYNE	
1.3 STREET ADDRESS	9675 Whisper Wood Circle	
1.4 CITY-ST-ZIP	Melbourne, FL 32901	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ellison, Daniel G.	
5.3 STREET ADDRESS	736 Ballard Drive	
5.4 CITY-ST-ZIP	Melbourne, FL 32935	
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 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 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 2-20-97 407-723-7938

CR2E037 (9/96)