

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT 27 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # N94000001319 (2)

1. Corporation Name

COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRANSFER, INC.

Principal Place of Business

Mailing Address

1519 CLEARLAKE ROAD
 COCOA FL 32922

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 COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 12/11/1996
4. FEI Number APPLIED FOR 59-3336075	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AITKEN, ROBERT
 3150 SABINA TERRACE
 MELBOURNE FL 32934**

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

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	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, TED J	
STREET ADDRESS	PEARL RIVER COMMUNITY COLLEGE	
CITY-ST-ZIP	POPLARVILLE MS 39470-2298	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLBRIGHT, A. RODNEY	
STREET ADDRESS	ALVIN COMMUNITY COLLEGE	
CITY-ST-ZIP	ALVIN TX 77511	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKFORD, ROBERT I	
STREET ADDRESS	PRINCE GEORGE'S COMMUNITY COLLEGE	
CITY-ST-ZIP	LARGO MD 20772-2199	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, RICHARD G	
STREET ADDRESS	JOHN C. CALHOUN STATE COMMUNITY COLLEGE	
CITY-ST-ZIP	DECATUR AL 35809-2216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CELMENTS, THOMAS H	
STREET ADDRESS	FOOTHILL COLLEGE	
CITY-ST-ZIP	LOS ALTOS HILLS CA 94022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, MAXWELL C	
STREET ADDRESS	BREVARD COMMUNITY COLLEGE	
CITY-ST-ZIP	COCOA FL 32922	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002335459--1
1.3 STREET ADDRESS	-10/31/97--01091--013
1.4 CITY-ST-ZIP	*****61.25 *****61.25
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" 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:

SIGNATURE REQUIRED

7-21-97 (407) 632-1111

CR2E037 (4/97)