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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-1273570  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 2330 Johnny Ellison Dr.  
22 Suite, Apt. #, etc.  
23 Melbourne, FL  
24 32901-5553  
25 US  
2a. Mailing Address  
26 P.O. Box 2185  
27 Me  
28 Melbourne, FL  
29 32902-2185  
30 US

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: Ellison, Daniel G.  
82 Street Address (B.O. Box Number is Not Acceptable): 736 Ballard Drive  
83  
84 City: Melbourne FL  
85 Zip Code: 32935

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: Daniel G. Ellison, Director, 1-8-98  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      |  |
|----------------------------|----------------------|--|
| TITLE                      | VD                   | <input type="checkbox"/> DELETE            |
| NAME                       | GUINN, WAYNE         |  |
| STREET ADDRESS             | 3675 WHISPERWOOD CR  |  |
| 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 checked="" 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                      | CD                   | <input type="checkbox"/> DELETE            |
| NAME                       | ELLISON, DANIEL G.   |  |
| STREET ADDRESS             | 736 BALLARD DRIVE    |  |
| CITY-ST-ZIP                | MELBOURNE FL         |  |
| TITLE                      | DV                   | <input type="checkbox"/> DELETE            |
| NAME                       | ELLISON, JOHN S      |  |
| STREET ADDRESS             | 712 JOHN CARROLL AVE |  |
| CITY-ST-ZIP                | WEST MELBOURNE FL    |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |  |
|---|-------------------------------|--|
| 1.1 TITLE   | DV                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | Ellison, Jeffrey R.           |  |
| 1.3 STREET ADDRESS                                    | 823 E. Melbourne Ave. Apt. B  |  |
| 1.4 CITY-ST-ZIP                                       | Melbourne FL 32901            |  |
| 2.1 TITLE   | SD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | Ellison, Helen M.             |  |
| 2.3 STREET ADDRESS                                    | 210 E. University Blvd Apt. 8 |  |
| 2.4 CITY-ST-ZIP                                       | Melbourne, FL 32901           |  |
| 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   | P.D.                          | <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 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, Director, 1/7/98 (407) 723-7938

CR2E037 (10/97)