

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 296855 (0)
1. Corporation Name
I & T PROFESSIONAL CENTER, INC.

Principal Place of Business 500 N SEMORAN BLVD ORLANDO FL 32807	Mailing Address 500 N SEMORAN BLVD ORLANDO FL 32807-3397
---	--

3. Date Incorporated or Qualified 09/17/1965	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1115786	<input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

KELLAM, ROBERT T
500 N SEMORAN BLVD
ORLANDO, FL
32807

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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																																																																																																												
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>KELLAM, ROBERT T</td><td></td></tr><tr><td>STREET ADDRESS</td><td>500 N SEMORAN BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO, FL 00000</td><td></td></tr><tr><td>TITLE</td><td>SD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>HARRIS, ERNEST L</td><td></td></tr><tr><td>STREET ADDRESS</td><td>500 N SEMORAN BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO, FL 00000</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>FURNEY, RICHARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>500 N. SEMORAN BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> DELETE	NAME	KELLAM, ROBERT T		STREET ADDRESS	500 N SEMORAN BLVD		CITY-ST-ZIP	ORLANDO, FL 00000		TITLE	SD	<input type="checkbox"/> DELETE	NAME	HARRIS, ERNEST L		STREET ADDRESS	500 N SEMORAN BLVD		CITY-ST-ZIP	ORLANDO, FL 00000		TITLE	D	<input type="checkbox"/> DELETE	NAME	FURNEY, RICHARD		STREET ADDRESS	500 N. SEMORAN BLVD		CITY-ST-ZIP	ORLANDO FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		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 type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE																																																																																																											
NAME	KELLAM, ROBERT T																																																																																																												
STREET ADDRESS	500 N SEMORAN BLVD																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 00000																																																																																																												
TITLE	SD	<input type="checkbox"/> DELETE																																																																																																											
NAME	HARRIS, ERNEST L																																																																																																												
STREET ADDRESS	500 N SEMORAN BLVD																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 00000																																																																																																												
TITLE	D	<input type="checkbox"/> DELETE																																																																																																											
NAME	FURNEY, RICHARD																																																																																																												
STREET ADDRESS	500 N. SEMORAN BLVD																																																																																																												
CITY-ST-ZIP	ORLANDO 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
1.2 NAME																																																																																																													
1.3 STREET ADDRESS																																																																																																													
1.4 CITY-ST-ZIP																																																																																																													
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

(407) 277-6272