

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **345225** (7)
1. Corporation Name
I T L INDUSTRIES, INC.

Principal Place of Business 5265 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	Mailing Address 5265 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1969

2. Principal Place of Business 21 126 OLD OAK CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 26 126 OLD OAK CIRCLE Suite, Apt. #, etc.
---	--

4. FEI Number
59-1266517

22 City & State
23 PALM HARBOR FL

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

23 City & State
28 PALM HARBOR FL

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

24 Zip **34683** 25 Country **USA**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

29 Zip **34683** 30 Country **USA**

9. Name and Address of Current Registered Agent
**EMERSON JR, CHARLES E
5265 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	JOHNSON, JUDITH P.
82 Street Address (P.O. Box Number is Not Acceptable)	126 OLD OAK CIRCLE
83	
84 City	PALM HARBOR FL
85 Zip Code	34683

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 **Judith P. Johnson** **3-23-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	JOHNSON, JUDITH P	1.2 NAME	
STREET ADDRESS	2821 BRIARWOOD DRIVE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS IL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	CLINTON, E X	2.2 NAME	
STREET ADDRESS	19 S. LASALLE STREET, SUITE 1300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, ILL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	EMERSON, C E III	3.2 NAME	
STREET ADDRESS	124 JANSEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	EMERSON, C E JR	4.2 NAME	
STREET ADDRESS	5265 N ANDREWS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Judith P. Johnson** **3-23-98**

CR2E034 (10/97)