FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **523519** **(7)**

1. Corporation Name

INTERNATIONAL TRADING CORPORATION OF TAMPA, FLOR IDA

Principal Place of Business	Mailing Address
6379 ALDERWOOD ST SPRING HILL FL 34606	6379 ALDERWOOD ST SPRING HILL FL 34606

3. Date Incorporated or Qualified: **01/11/1977**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-1712874** — [ ] Applied For [✓] Not Applicable
5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required
6. Fee to Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City, State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City, State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM D
6379 ALDERWOOD ST
SPRING HILL FL 34606

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 Section 607.1622 and/or 1628, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	NEWELL, MARTIN E		12 NAME	
STREET ADDRESS	15111 MANOR HILL DR		13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TEXAS 00000		14 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	NEWELL, CAROL M		22 NAME	
STREET ADDRESS	6379 ALDERWOOD ST		23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 00000		24 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	STOCKFORD, JOYCE		32 NAME	
STREET ADDRESS	6379 ALDERWOOD ST		33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 00000		34 CITY-ST-ZIP	
TITLE	PTD	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	NEWELL, WILLIAM D		42 NAME	
STREET ADDRESS	6379 ALDERWOOD ST		43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 00000		44 CITY-ST-ZIP	
TITLE	D	[X] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	SHERWOOD, BEN		52 NAME	
STREET ADDRESS	6379 ALDERWOOD STREET		53 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attached 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 added.

SIGNATURE: William D Newell 4-1-96 (904) 352-683 0420

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)