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Apr 23 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 # 523519 (7)
1. Corporation Name
INTERNATIONAL TRADING CORPORATION OF TAMPA, FLORIDA

Principal Place of Business
6379 ALDERWOOD ST
SPRING HILL FL 34606

Mailing Address
6379 ALDERWOOD ST
SPRING HILL FL 34606-3802

3. Date Incorporated or Qualified 01/11/1977
3a. Date of Last Report 04/15/1996
4. FEI Number 59-1712874
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election 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 ☒ 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
30

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
85 Zip Code
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
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
NEWELL, MARTIN E
15111 MANOR HILL DR
HOUSTON, TEXAS 00000
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
NEWELL, CAROL M
6379 ALDERWOOD ST
SPRING HILL, FL 00000
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STOCKFORD, JOYCE
6379 ALDERWOOD ST
SPRING HILL, FL 00000
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
NEWELL, WILLIAM D
6379 ALDERWOOD ST
SPRING HILL, FL 00000
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
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: WILLIAM D. NEWELL 4/14/97 683-1236
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)