AMOUNT DUE COR ANNU	NOTICE: CORPORATION WILL ON OR BEFORE 8/7/96: \$225 (IFE PROFIT RPORATION JAL REPORT 1996 MENT # F834	DISSOLVED, MINIMUM A FLORI	MOUNT DUE TO TOA DEPARTME Sandra B. Mo Secretary of ISION OF CORF	REINSTATE: \$375.)  NT OF STATE  orthami  State		
1. Corporation	ITS OFFICE, INC.	14 (	(5)		1 118/188 (48) 18/80 (44) ( 8/80) (18/18 )	ål Albir Blen Blen blen blen sten ledt
Principal Place of Business 9000 S.W. 68 TERR. MIAMI FL 33173		9000 S.W. 68	Mailing Address 9000 S.W. 68 TERR. MIAMI FL 33173		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pi	lace of Business	2a. Mailing Ad	dress		06/01/1982 4. FEI Nursber 59-2205022	01/24/1995 Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt.	#, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State	9	7,11,20	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	7.p	30	Country	This corporation has liability for Florida Statutes	
WO	Name and Address of Cur  PLFE, MELVIN	rrent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
10651 N. KENDALL DRIVE #200 MIAMI FL 33176				82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
agent I ar	m familiar with and accept the ob Signative translar promoting accepting	ate of Florida, Such cha bligations of, Section 607	rige was authori 7.0505, Ftorida S	Zea by the carbarati		the appointment as registered
TITLE NAME STREET ADDRESS	P DEIMEL, RICHARD 9000 S.W. 68 TERR. MIAMI FL 33173	AND DIRECTORS	DELETE	13. LI TITLE L2 NAME L3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	Change Addition (%) Addition (%
CITY-S1-ZIP TITLE NAME STREFT ADDRESS CITY-S1-ZIP	maum ( E 001/0		2	14 CLEY - ST - ZIP 21 TIELE 22 NAME 23 STREET ADDRESS 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELFTE 3 3 3	1 THILE 12 NAME 13 STREET ADDRESS 14 CHY-SE-ZIP		Change Addition
TITLE NAME STREET ADORESS CITY - ST - ZIP			DELETE 4	1 TITLE 1 2 NAME 13 STREET ADDRESS 4 CITY-ST ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELFTE 5	1 TITLE 12 NAME 13 STHEE! ADDRESS 14 CITY ST ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE 6 6 6	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZP		Change Addition
made unde that my na	er oaffi, that Ham an officer or dire me appears in Block 12 or Block	ector of the corporation of the	supplemental a or the receiver o attachment with	nnual report is true a or trustee empowered an address	ify for the exemption stated in Section 1 and accurate and that my signature shall to execute this report as required by C	have the same legal effect as if hapter 617, Florida Statules, and
SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR  Den Director Di						