FILE NOW: FILING FEE AFTER MAY 1 May 19 1997 8:00am

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE

Secretary of State

Sandr

1997
DOCUMENT # H73988
1. Corporation Name
GITA, INC.

Principal Place of Business
2626 EAST BAY ISLE DRIVE. S.E.
ST. PETERSBURG FL 33705
Section, 5. Section, 5.



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									3. Date Incorporated or Qualified 08/29/1985	1	te of Last F	Report	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	pplied For	
Suite And H ata				26					59-2637202		N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
City & State				City & State								equired	
23				28					Election Campaign Financing Trust Fund Contribution			May Be	
Zip		Country	20	Zip	Τ	Countr						to Fees	
24		25	29	,	30		,		8. This corporation has liability for in Florida Statutes	. ~	lax under s TNo	s. 199.032,	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
PATEL, GITA							81 Name						
4424 WEST LEMON							-	Stroot Addro	os (P.O. Boy Number is Not Assentable	۵۱			
	PA FL 336							Sirect Addres	Address (P.O. Box Number is Not Acceptable)				
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						84		City		FL	11	Code	
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 relinstating) DATE													
12.		OFFICERS AN	D DIRE	CTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	P			☐ DELETE	1	LI TITLE					Change	Addition	
NAME	PATEL, G				1	I.2 NAME							
STREET ADDRESS		T BAY ISLE DRIVE, S	6.E.		1	I.3 STREE	T A[DDRESS					
CITY-ST-ZIP	ST. PETE	RSBURG FL 33715			1	.4 CITY-	S1-	ZIP					
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NAME	1			∟ DELETE		O NAME			_	1/2	Change	Addition	
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NAME				רו מנונונ					30000219	912	Change	☐ Addition	
STREET ADDRESS					- 1	2 NAME		DDD1 CC	30000219 -06/03/970101	501	5		
						.3 STREET			***165.00				
CITY-ST-ZIP					6	4 CHY-5	51 - 7	ZH'					

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 gluanged, or on an attachment with an address.