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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORA

DOCU	1996 SENT # K511(To the state of th	F CORPORATI				
. Corporation	ITT OFFICE CENTER, INC.	\ -/			 (88) \$*(0.38) \$\text{\$0.000} \$\text{\$0.000} \$\text{\$0.000} \$\text{\$0.000}	8 8,311 8,58 17 8 1811 8 1811 8	(8)); 3 18() 8 (3)) (60)
rincipal Place	e of Business	Mailing Address					
1175 NE 125 ST STE 102 1175 NE 125 ST STE 10 N MIAMI FL 33161 N MIAMI FL 33161							
					3. Date Incorporated or Qualified 12/13/1988	3a. Date of Last 04/12/1	•
Principal Pla	ace of Business	28. Mailing Address			4. FEI Number	V4/12/1	Applied For
		26			65-0090158		Not Applicab
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Ζιρ	Country	Zip	Country	y	8. This corporation has liability for		
	25	29	30		Florida Statutes Yes	s □No	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New F	Registered Agent	
TATE, STANLEY G 1175 NE 125 ST STE 102 N MIAMI FL 33161			82				
			B4	City		85	Zip Code
or registers	eo agent, or both, in the State of Fio	inoa. Such change was author	ized by the com	named com	poration submits this statement for the purport of directors. I hereby accept the app	rpose of changing its	s registered offi
familiar witi	ed agent, or both, in the State of Fio th, and accept the obligations of, Ser Signature, typod or printed name of registerod agen	otion 607.0505, Florida Statute on and title if applicable	ized by the corp PS. IOTE: Registered Age	named corp poration's bo	pard of directors. Thereby accept the app	rpose of changing it pointment as register	ed agent. I am
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4. I do nereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

IGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR

4/19/96 (305) 891-1106