

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K90945** (2)

1. Corporation Name

ITO COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

**ERNST O. MOENCKMEIER
4515 ALMARK DRIVE
ORLANDO FL 32839-1330**

**ERNST O. MOENCKMEIER
4515 ALMARK DRIVE
ORLANDO FL 32839-1330**

3. Date Incorporated or Qualified

05/24/1989

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MOENCKMEIER, ERNST O.
4515 ALMARK DRIVE
ORLANDO FL 32809**

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 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

12. NAME
12. STREET ADDRESS
12. CITY-STATE-ZIP
12. TITLE
12. NAME
12. STREET ADDRESS
12. CITY-STATE-ZIP
12. TITLE
12. NAME
12. STREET ADDRESS
12. CITY-STATE-ZIP
12. TITLE
12. NAME
12. STREET ADDRESS
12. CITY-STATE-ZIP
12. TITLE
12. NAME
12. STREET ADDRESS
12. CITY-STATE-ZIP
12. TITLE
12. NAME
12. STREET ADDRESS
12. CITY-STATE-ZIP
12. TITLE

**D
MOENCKMEIER, TSURUKO I.
4515 ALMARK DRIVE
ORLANDO FL 32839**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE
13. 12 NAME
13. 13 STREET ADDRESS
13. 14 CITY-STATE-ZIP
13. 2.1 TITLE
13. 22 NAME
13. 23 STREET ADDRESS
13. 24 CITY-STATE-ZIP
13. 3.1 TITLE
13. 32 NAME
13. 33 STREET ADDRESS
13. 34 CITY-STATE-ZIP
13. 4.1 TITLE
13. 42 NAME
13. 43 STREET ADDRESS
13. 44 CITY-STATE-ZIP
13. 5.1 TITLE
13. 52 NAME
13. 53 STREET ADDRESS
13. 54 CITY-STATE-ZIP
13. 6.1 TITLE
13. 62 NAME
13. 63 STREET ADDRESS
13. 64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**400001740364
-03/13/96--01026--012
***200.00**

14. I do hereby certify that the information supplied with this filing 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:

Tsuruko I. Moenckmeier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

(407) 855-7600

Date

Daytime Phone #

CR2E034 (12/95)

PS 3/12/96