


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 28 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L93000000049
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I.T.T.I., L.C. 5428 1ST AVE. N. ST. PETERSBURG FL 33710

1a. Principal Place of Business Address 5428 1ST AVE. N. ST. PETERSBURG FL 33710
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	3622 45 Hwy 301
City & State	City & State Ellenton
Zip	Zip 34222
Country	Country FL

3. Date Organized or Qualified	3a. State of Formation
02/04/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3168975	
5. Date of Last Report	6. Certificate of Status Desired
07/22/1996	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent BOWER, JAMES F 5428 1ST AVE. N. ST. PETERSBURG FL 33710
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8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	BOWER, JAMES F	13619 3rd Ave E. Bradenton	FL 34202
M	BOWER, RUTH A VACANT	SEA LANE S.	ST. PETERSBURG FL

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****203.75 ****203.75

Handwritten signature: J. Bower

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *James F Bower* 4-25-97 1941-723-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #