

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N45846 (5)
1. Corporation Name
INDEPENDENT TOWERS & SALVORS ASSOCIATION INC.Principal Place of Business
11400 OVERSEAS HWY
SUITE 115
MARATHON FL 33050
Mailing Address
11400 OVERSEAS HWY
SUITE 115
MARATHON FL 33050-36003. Date Incorporated or Qualified 11/01/1991
3a. Date of Last Report 06/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0416858	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CAROL ANN
11400 OVERSEAS HWY
SUITE 115
MARATHON FL 33050

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ALWARDT, HANK	1.1 TITLE	D Barrie McCune
NAME	6 EDWARD PL	1.2 NAME	89170 O/S HWY.
STREET ADDRESS	KEY LARGO FL	1.3 STREET ADDRESS	TAVERNICE, FLA. 33070
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PERKINS, REEF	2.1 TITLE	
NAME	89170 O/S HWY.	2.2 NAME	
STREET ADDRESS	TAVERNELER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BALCH, JEFFREY A.	3.1 TITLE	
NAME	11239 3 AVE GULF	3.2 NAME	
STREET ADDRESS	MARATHON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/97 (305) 852-6451
Daytime Phone # 0024768

CR2E037 (9/96)