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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P28957

(9)

1. Corporation Name

I.T.M. OF GEORGIA, INC.

Principal Place of Business

10380 QUAIL CROWN DR
NAPLES FL 33999
US

Mailing Address

2338 IMMOKALEE RD
BOX 142
NAPLES FL 34106-0142
US

2. Principal Place of Business

21 198 TOPANGA DR.

Suite, Apt. #, etc

22 City & State
23 NAPLES, FLORIDA

24 Zip 34110 25 Country USA

2a. Mailing Address

26 6951 BONITA BEACH RD

Suite, Apt. #, etc

27 UNIT 525-309
28 BONITA SPRINGS, FL

29 Zip 34135 30 Country USA

9. Name and Address of Current Registered Agent

LEITMAN, LORN, P.A.
17555 S. DIXIE HWY., SUITE 107-A
MIAMI FL 33157

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

01/25/1996

4. FEI Number

58-1819958

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 file if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS
NAME RINZ, JEFFREY J.
STREET ADDRESS 10380 QUAIL CROWN DR.
CITY-ST-ZIP NAPLES FL 33999

TITLE T
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STREET ADDRESS 10380 QUAIL CROWN DR.
CITY-ST-ZIP NAPLES FL 33999

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, 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

Daytime Phone #

CR2E034 (9/96)

1/13/97

441-594-9200