

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28957 (9)**  
1. Corporation Name  
**I.T.M. OF GEORGIA, INC.**

Principal Place of Business <b>10380 QUAIL CROWN DR NAPLES FL 33999 US</b>	Mailing Address <b>8951 BONITA BEACH ROAD UNIT 515-309 BONITA SPRINGS FL 34135 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 8951 Bonita Beach Road</b> Suite, Apt. #, etc. <b>22 Unit 525-309</b> City & State <b>23 Bonita Springs, FL</b> Zip <b>24 34135</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27 Unit 525-309</b> City & State <b>28</b> Zip <b>29</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>04/18/1990</b>	
		4. FEI Number <b>58-1819958</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LEITMAN, LORN, P.A. 17555 S. DIXIE HWY., SUITE 107-A MIAMI FL 33157</b>		10. Name and Address of New Registered Agent <b>81 Name Jeffrey J. Rinz 82 Street Address (P.O. Box Number is Not Acceptable) 8951 Bonita Beach Road 83 Unit 525-309 84 City Bonita Springs FL 85 Zip Code 34135</b>	
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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 607.0503, Florida Statutes.

SIGNATURE  DATE **3/14/98**  
Signature, typed or printed name of registered agent must be on application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PVS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RINZ, JEFFREY J.</b>		1.2 NAME	
STREET ADDRESS <b>10380 QUAIL CROWN DR.</b>		1.3 STREET ADDRESS	<b>8951 Bonita Beach Rd# 525-309</b>
CITY-ST-ZIP <b>NAPLES FL 33999</b>		1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RINZ, JEFFREY J.</b>		2.2 NAME	
STREET ADDRESS <b>10380 QUAIL CROWN DR.</b>		2.3 STREET ADDRESS	<b>8951 Bonita Beach Rd# 525-309</b>
CITY-ST-ZIP <b>NAPLES FL 33999</b>		2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  DATE **3/14/98** **941-948-0633**

CR2E034 (10/97)