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

PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	100	v
DOCL	INALIN	JT #

P36137

(8)

1. Corporation	ITH INTERNATIONAL LTD. ((-)				1031 31211 611			
Principal Place	of Business	Mailing Address							
PO BOX 127 PO BOX 127		PO BOX 127 GRANDVILLE MI 4946	X 127						
					3. Date Incorporated or Qualified 10/30/1991	3a. Date	of Last He 5/01/19:	•	
2. Principal Pla	2. Principal Place of Business 2a		Mailing Address		4. FET Number			Applied For	
21	SAME	[26] SA1	ME		95-2026086			Not Applicable	\dashv
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	¢0 75			
City & State)	City & State	City & State		6. Election Campaign Financing \$5.00 May E				\dashv
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i		under s	199.032,	1
24	9. Name and Address of Current	29 Registered Agent	30	·····	Florida Statutes Yes				-
	or mand and moderate	Tiegistered Agent		81 Name	10. Name and Address of New R	egistered A	gent		-
CT COE	RPORATION SYSTEM			1100.10					
	PINE ISLAND ROAD			82 Street Add	ddress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			ļ	83					1
	·······			84 City		FL	85 Zip	o Code	-
11. Pursuant t	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florida by and account the objections of Sections	and 607.1508, Florida Statut a. Such change was authoriz	es, the aboved by the co	e-named corpor prporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	oose of char intment as r	l l nging its re egistered	egistered office agent. I am	, T
SIGNATURE _									
12.	Signature, typed or printed name of registered agent a OFFICERS AND	191 to 44 to 4	OTE: Rog stered /	lgent signature require		DATE COLOR			୍ର ଜୁ
TITLE	D OF ICENS AND	DRECTORS	1, 1 []]		ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	⊣ଛ
NAME	FULTON, J A	E.J. Decer.	1.2 NAME			L.	Change	Addition	15
STREET ADDRESS	955 GODFREY AVE			EET ADDRESS					CR2E034 (12/95)
CITY-ST-ZIP	GRAND RAPIDS MI			Y-\$1- <i>Z</i> iP					122
TITLE	V	☐ DELETE	2 1 Til				Change	☐ Add tion	⊣Ե
NAME	KENNEDY, D.W.		2.2 NAM	ME.		•			
STREET ADDRESS	4300 GERALD R FORD FWY		2.3 S1A	EET ADDRESS					
CITY-ST-ZIP	GRANDVILLE MI	· · · · · · · · · · · · · · · · · · ·	2.4 CI1	r-SI-ZIP					
TITLE	TS	DELETE	3. 1 1/1	LE			C hange	Addition	7
NAME	DE BRUNO, R M		3 2 NAN						-
STREET ADDRESS	4300 GERALD R FORD FWY		•	REET ADDRESS					
CITY-ST-ZIP TITLE	GRANDVILLE MI	DELETE		(-ST-ZIP			1 Ob -	F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
NAME	P Pelley, M.	F"] METERE	4. 1 TIT 4.2 NAM			Ĺ	Change	Addition	
STREET ADDRESS	4300 GERALD R FORD FWY			-					
CITY-SI-ZIP	GRANDVILLE MI			EET ADDRESS (- ST - ZIP					
THLE	H 11 767 116-kits 17-11	DELETE	5 1 III				Change	Addition	
NAME			5 2 NAN			()	Situation	radiion	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				(-ST-ZIP					
TITLE		☐ DELETE	6 1 TITI				Change	Addition	1
NAME			6 2 NAN	1E			-		
STREET ADDRESS			6 3 STR	EFI ADDRESS					
CITY-ST-ZIP			6 4 0111	1-S1-7(P					

I. 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 officer or officer or of the corporation or the receiver or trusted 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:

DAME DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

(616)531-4300