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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000051549 (1)

1. Corporation Name

ITI SERVICES, INC.



Principal Place of Business

6900 PHILLIPS HIGHWAY STE. 12
JACKSONVILLE FL 32216

Mailing Address

6900 PHILLIPS HIGHWAY STE. 12
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 1950 UNIVERSITY BLVD N. 26 1950 UNIVERSITY BLVD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32211

25

29 32211

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, CHARLES G
6900 PHILLIPS HIGHWAY STE. 12
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1950 UNIVERSITY BLVD N.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32211

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

Charles G. Lee

CHARLES G. LEE PRESIDENT

4-24-96

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	LEE, CHARLES G	7901 BAYMEADOWS CIRCLE EAST STE. 361	JACKSONVILLE FL 32256	<input type="checkbox"/>
STD	LEE, KAREN K	7901 BAYMEADOWS CIRCLE EAST STE. 361	JACKSONVILLE FL 32256	<input type="checkbox"/>
VD	WALKER, JESSE D	7901 E BAYMEADOWS CIR STE 367	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	WALKER, TERESA L	7901 E BAYMEADOWS CIR STE 367	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1940 UNIVERSITY BLVD N.	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		1940 UNIVERSITY BLVD N.	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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:

Karen K. Lee KAREN K. LEE

4-24-96

904/7454444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)