FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:58

DOCUMENT # **P94000069374 (4)**

1. Corporation Name
ITB, INCORPORATED

Principal Place of Business	Mailing Address
1165-H CRYSTAL WAY STUART FL 33444	1165-H CRYSTAL WAY STUART FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4440 PGA Blvd.	26 4440 PGA Blvd.
Suite, Apt. #, etc 22 # 304	Suite, Apt. #, etc 27 #304
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip 24 33410 Country 25 US	Zip 29 33410 Country 30 US

4. FEI Number: 65-0537716 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BODEM, LOREN E 815 COLORADO AVE SUITE 305 STUART FL 34994	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 607.1308, 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] Loren E. Bodem 3-1-95
(REQUIRED) (DATE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☒ Change ☐ Addition
NAME	HAAS, ROBERT J JR	12 NAME	HAAS, Robert J. JR.
STREET ADDRESS	~~1165 H CRYSTAL WAY~~	13 STREET ADDRESS	1080 Bear Island Drive
CITY ST ZIP	~~DELRAY BEACH FL 33444~~	14 CITY ST ZIP	West Palm Beach, FL. 33409
TITLE	D	21 TITLE	Vice President ☒ Change ☒ Addition
NAME	HAAS, ~~JAMES E~~	22 NAME	MILLER, Kimberly A
STREET ADDRESS	745 BEACHVIEW DRIVE. DELETE	23 STREET ADDRESS	1080 Bear Island Drive
CITY ST ZIP	BOCA GRANDE FL 33921	24 CITY ST ZIP	West Palm Beach, FL. 33409
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAAS, ~~HELEN S~~	32 NAME	
STREET ADDRESS	745 BEACHVIEW DRIVE DELETE	33 STREET ADDRESS	
CITY ST ZIP	BOCA GRANDE FL 33921	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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, added or deleted on an attachment with an address.

SIGNATURE: [signature] 2/24/95 407-627-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Robert J. Haas Jr.

0247113 CP