FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001914 (7)**

1. Corporation Name

I.T.O. CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
1040 PORT BLVD. MIAMI FL 33132	1040 PORT BLVD. MIAMI FL 33132

3. Date Incorporated or Qualified: **01/05/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.: 1007 NORTH AMERICA WAY
22 City & State: DODGE ISLAND
23 Zip / Country: MIAMI, FLORIDA 33132 / USA

2a. Mailing Address
26 Suite, Apt. #, etc.: ONE EVERTRUST PLAZA
27 City & State: 10TH FLOOR
28 Zip / Country: JERSEY CITY, NEW JERSEY 07302 / USA

4. FEI Number: 65-0544469 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	11 TITLE	D/P	☐ Change ☒ Addition
NAME			12 NAME	FIELD, JAMES S.	
STREET ADDRESS			13 STREET ADDRESS	ONE EVERTRUST PLAZA	
CITY-ST-ZIP			14 CITY-ST-ZIP	JERSEY CITY, NEW JERSEY 07302	
TITLE		☐ DELETE	21 TITLE	EXEC V/T/ASST.S	☐ Change ☒ Addition
NAME			22 NAME	HATZICHRISTOS, GUS	
STREET ADDRESS			23 STREET ADDRESS	ONE EVERTRUST PLAZA	
CITY-ST-ZIP			24 CITY-ST-ZIP	JERSEY CITY, NEW JERSEY 07302	
TITLE		☐ DELETE	31 TITLE	SENIOR V	☐ Change ☒ Addition
NAME			32 NAME	HARPER, JOSEPH W.	
STREET ADDRESS			33 STREET ADDRESS	601 LOUISIANA AVE.	
CITY-ST-ZIP			34 CITY-ST-ZIP	NEW ORLEANS, LOUISIANA 70115	
TITLE		☐ DELETE	41 TITLE	V	☐ Change ☒ Addition
NAME			42 NAME	MORTON, CHRISTOPHER C.	
STREET ADDRESS			43 STREET ADDRESS	1007 NORTH AMERICA WAY	
CITY-ST-ZIP			44 CITY-ST-ZIP	MIAMI, FLORIDA 33132	
TITLE		☐ DELETE	51 TITLE	V/C	☐ Change ☒ Addition
NAME			52 NAME	LACQUA, ROBERT B.	
STREET ADDRESS			53 STREET ADDRESS	ONE EVERTRUST PLAZA	
CITY-ST-ZIP			54 CITY-ST-ZIP	JERSEY CITY, NEW JERSEY 07302	
TITLE		☐ DELETE	61 TITLE	S	☐ Change ☒ Addition
NAME			62 NAME	CLARKEN JR., JOSEPH A.	
STREET ADDRESS			63 STREET ADDRESS	ONE EVERTRUST PLAZA	
CITY-ST-ZIP			64 CITY-ST-ZIP	JERSEY CITY, NEW JERSEY 07302	

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, or on an attachment with an address.

SIGNATURE: _____ EXECUTIVE VICE PRESIDENT 4/19/96 (201) 915-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)