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

PROFIT CORPORATION ANNUAL REPORT

1998



FILED

Apr 20 1998 8:00am

Secretary of State

Gus Hatzichristos - Executive Vice President

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000001914 (7)

I.T.O. CORPORATION OF FLORIDA

,,,,,		•				1
Principal Plac	ce of Business	Mailing Address	iling Address			İ
1007 NORTH AMERICA WAY DODGE ISLAND MIAMI FL 33132		ONE EVERTRUST PLAZA 10TH FLOOR JERSEY CITY NJ 07302			DO NOT WRITE IN THIS SPACE	
US		U\$			3. Date Incorporated or Qualified 01/05/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	,
21		26			65-0544469 Not Applica	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired See Required Fee Required	1
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 7(p) Country		y	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
J	CORPORATION SYSTEM		81	Name		-
	00 S. PINE ISLAND ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	$\overline{}$
Pt.	ANTATION FL 33324		83			
			84		 85 Zip Code	\dashv
				İ	FL `	
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 Stuch 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		,				_
12.	Signature, typod or protect name of registered age OFFICERS AN	retaid trie if applicable (NO ID DIRECTORS	13.	ent signature requir	ried when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CHICKNEY AND	DELETE	1.1 TITLE		Change Add	ition
NAME	FIELD, JAMES S	-	1.2 NAME			
STREET ADDRESS	ONE EVERTRUST PLAZA		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	JERSEY CITY NJ 07302		1.4 CITY-	S1-ZIP	•	
TITLE	ĒVTA	DELETE	2.1 TITLE	EXI	EC.VP/TREASURER/ASST	ition
NAME	HATZICHRISTOS, GUS		2.2 NAME		SECRETARY	
STREET ADDRESS	ONE EVERTRUST PLAZA	•	2.3 STREE	I ADDRESS		
CITY-ST-ZIP	JERSEY CITY NJ 07302	» Delete	2. 4 CITY-	ST-ZIP		
TITLE	SV HADDED IOCEDU W	DELETE	3 1 TITLE		☐ Change ☐ Add	ition
NAME 070557 4 DODGOG	HARPER, JOSEPH W 601 LOUISANNA AVENUE		3 2 NAME	Lobaras		
STREET ADDRESS CITY-ST-ZIP	NEW ORLEANS LA 70115		3.4. CITY-	ADDRESS		- }
TITLE	V	☐ DELĒTE	4.1 TITLE	31-EIF	☐ Change ☐ Add	ition
NAME	MORTON, CHRISTOPHER C		4. 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		4.4 CITY - 1	1		
TITLE	VC	DELETE	5.1 TITLE		Change Add	ition
NAME	LACQUA, ROBERT A		5.2 NAME			ļ
STREET ADDRESS	ONE EVERTRUST PLAZA		5.3 STREET			-
CITY-ST-ZIP	JERSEY CITY NJ	T DOLES	5.4 CITY-1	ST-ZIP JEI	RSEY CITY, NJ 07302	
TITLE	S S S S S S S S S S S S S S S S S S S	DELETE	61 TITLE		Change Add	HON
NAME	CLARKEN, JOSEPH A JR.		6.2 NAME	LOCOTOR		- {
STREET ADDRESS	ACCOUNTY ALL ATACA		6.3 STREE			1
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify:	6.4 City - : for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informat	ion
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation of 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 oddress. 6-us Hatzichristos - Executive Vice President						