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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001914

1. Corporation Name

I.T.O. CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
1007 NORTH AMERICA WAY DODGE ISLAND MIAMI FL 33132 US	ONE EVERTRUST PLAZA 10TH FLOOR JERSEY CITY NJ 07302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/05/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25: USA	Zip 29 / Country 30: USA

4. FEI Number: 65-0544469 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FIELD, JAMES S		1.2 NAME		
STREET ADDRESS	ONE EVERTRUST PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	JERSEY CITY NJ 07302		1.4 CITY-ST-ZIP		
TITLE	EVTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HATZICHRISTOS, GUS		2.2 NAME		
STREET ADDRESS	ONE EVERTRUST PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	JERSEY CITY NJ 07302		2. 4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARPER, JOSEPH W		3.2 NAME		
STREET ADDRESS	601 LOUISANNA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70115		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, CHRISTOPHER C		4. 2 NAME		
STREET ADDRESS	1007 N AMERICA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		4.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LACQUA, ROBERT A		5.2 NAME		
STREET ADDRESS	1 EVERTRUST PLAZA		5.3 STREET ADDRESS	ONE EVERTRUST PLAZA	
CITY-ST-ZIP	JERSEY CITY NJ 07302		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLARKEN, JOSEPH A JR.		6.2 NAME		
STREET ADDRESS	ONE EVERTRUST PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	JERSEY CITY NJ 07302		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____ 4/8/99 201-915-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #