## **FILED** .. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Feb 12 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000052328 (8) I.T.I. FINANCIAL INC. Principal Place of Business Mailing Address 1000 S. FEDERAL HWY. 1000 S. FEDERAL HWY. POMPANO BEACH FL 33431 POMPANO BEACH FL 33431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0598283 Not Applicable 21 26 Suite, Apt. #, otc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Żφ Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RASSAM, RICK KASSAM 524 S. ANDREWS AVE. #301N. ber is Not Acceptable) FT. LAUDERDALE FL 33301 вэ 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 obligation of a color of the obligation of accept t OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE RASSAM, RICK NAME 4095 N.W. 24TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY-ST-ZIF CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS**

CITY-ST-ZIP

SIGNATURE

14. Thereby 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 suppliemental 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.