

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078092 (0)

1. Corporation Name

ITSA, INC.

Principal Place of Business

5401 WEST OAK RIDGE #10-
ORLANDO FL 32819

Mailing Address

5401 WEST OAK RIDGE #10
ORLANDO FL 32819



2. Principal Place of Business

2a. Mailing Address

21 7212 HAWKSNEST BLVD 7212 HAWKSNEST BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State FL 27 City & State FL
23 ORLANDO 28 ORLANDO
Zip Country Zip Country
24 32835 25 32835 30

g. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL S ESQ
96 WILLARD STREET #302
COCOA FL 32922

3. Date Incorporated or Qualified 10/05/1995
3a. Date of Last Report
4. FEI Number 59-3344322
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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(5), 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 changes are authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME ROESSEL, JOHN
3. STREET ADDRESS 5401 WEST OAK RIDGE #10
4. CITY-ST-ZIP ORLANDO FL 32819
5. TITLE D
6. NAME FERRI, GIULIANO
7. STREET ADDRESS 5401 WEST OAK RIDGE #10
8. CITY-ST-ZIP ORLANDO FL 32819
9. TITLE
10. NAME
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99. STREET ADDRESS
100. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS 7212 HAWKSNEST BLVD
4. CITY-ST-ZIP ORLANDO FL 32835
5. TITLE ☒ Change ☐ Addition
6. NAME
7. STREET ADDRESS 7212 HAWKSNEST BLVD
8. CITY-ST-ZIP ORLANDO FL 32835
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ Change ☐ Addition
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97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. 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)(a), 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 registered agent or trustee or authorized person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 18 521-8340

CR2E034 (12/95)