FILE NOW: FILING FEE AFTER MAY 1 IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPAI MENT OF STATE
Sandra Ballortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045397 (2)

ITCS, INC.

FILED Jun 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			- I LOGENZOEN HAR IDHIN ONINI BONIN BONIN BONIN YONIN DIDON ENINEE UNIN LONIN HEDI HEDI		
21332 WEST DIXIE HIGHWAY 21332 WEST DIXIE HIG					
n miami beac	CH FL 33180	N MIAMI BEACH FL 3318	0-1134		
				3. Date incorporated or Qualified 05/29/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FE Number	Applied For
21		26		65 706 1535	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	58.75 Additional
22		27		5 . Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9, Name and Address of Current	Posistered Agent	30	· · · · · · · · · · · · · · · · · · ·	Yes No
é DE		negistered Agent	81 Name	10. Name and Address of New Ro	gistered Agent
	EDNI, ILAN		J. Ivanie	SKEDNI, ULLIAN	
1150 KANE CONCOURSE			82 Stycet Ad	duese (P.O. Box Number is No) Accepte	NO)A
# 40	· =		83 1 5	22 W 101110 11011	ioriy
BAY	HARBOR ISLAND FL 33154		63		•
			84 City	miami laclo	B5 Zip_Code
44. 5			N (Incum pacty	<u>FL 33/80</u>
11. Pursuant to office or re	to the provisions of Sections 607.0502 registered agent, or both, In the State o	and 607.1508, Florida Statut A Florida, Such change was:	les, the above-named co authorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered of the abnointment as registered
agent. I a	im familiar with, and accept the obligat	ons of Section 607.0505, Fi	orida Statutes.	11	200
SIGNATURE		WU		3(29191
	Signatury types or printed name of registeros agent		E: Rag stered Agent signature req		DATE
12. TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·
	SREDNI, ILAN	L Derese	1.1 TITLE		Change Addition
NAME	21332 WEST DIXIE HIGHWAY		1.2 NAME		
STREET ADDRESS	N MIAMI BEACH FL 33180		1.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. crc	1.4 CITY - ST - ZIP		
TITLE	D Sredni, Ulian	DELETE	2.1 TITLE		Change Addition
NAME ATOMET ADDRESS	21332 WEST DIXIE HIGHWAY		2.2 NAME		
STREET ADDRESS	N MIAMI BEACH FL 33180		2.3 STREET ADDRESS		
CITY-ST-ZIP	14 MININI DENOTTE SS 100	DELETE	2. 4 City - St - ZiP		Observe ALPX
NAME			3.1 T(1LE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		C Shange C Addition
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		A
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		11/2 Official
STREET ADDRESS			5.3 STREET ADDRESS		1,7,
CITY-ST-ZIP	-		5.4 CITY-ST-ZIP		h
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			COMMISS	Λ	
STREET ADDRESS			6.3 STREET ADDRESS	Back Do p 1650	O
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Bank Dep# 1650	a a a a a a a a a a a a a a a a a a a
14. I do hereb	by certify that the information supplied	with this filing does not qualif	ly for the exemption state	ed in Section 119.07(3)(i). Florida Statute	s. I further certify that the
information	o indicated on this appual report or sur	anlemental annual renort is te	ly for the exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al offect on if made under eath.