

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055939 (8)
1. Corporation Name
ITC PARTNERS, INC.



Principal Place of Business 869-A 97TH AVENUE NORTH NAPLES FL 33963	Mailing Address 869-A 97TH AVENUE NORTH NAPLES FL 34108-2284
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3. Date Incorporated or Qualified 07/02/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1734 TRADE CENTER WAY Suite, Apt. #, etc.	2a. Mailing Address 26 1734 TRADE CENTER WAY Suite, Apt. #, etc.
22	27
23 City & State NAPLES FL	28 City & State NAPLES FL
24 Zip 34109	29 Zip 34109
25 Country USA	30 Country USA

4. FEI Number 59-3396803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MAC'KIE, PAMELA S
5551 RIDGEWOOD DRIVE #201
NAPLES FL 33963**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4001 TAMiami TRAIL NORTH
83 **SUITE 320**
84 City **NAPLES** FL 85 Zip Code **34103**

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 _____ Signature, typed or printed name of registered agent and to e-mail applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, TOM M	1.2 NAME	
STREET ADDRESS	869-A 97TH AVENUE NORTH	1.3 STREET ADDRESS	1734 TRADE CENTER WAY
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	NAPLES FL 34109
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANADA, ARTHUR L	2.2 NAME	
STREET ADDRESS	869-A 97TH AVENUE NORTH	2.3 STREET ADDRESS	1734 TRADE CENTER WAY
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ (911) 597-4491

CR2E034 (9/96)