

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

FILED  
Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000069429 (4)

1. Corporation Name  
INVESTMENT TECHNOLOGIES CORPORATION



Principal Place of Business  
7011 WOODMONT WAY  
TAMARAC FL 33321

Mailing Address  
7011 WOODMONT WAY  
TAMARAC FL 33321-2643

3. Date Incorporated or Qualified 08/20/1996  
3a. Date of Last Report

2. Principal Place of Business

21. SAN REMO  
Suite, Apt. #, etc.

2a. Mailing Address

26. P.O. BOX 772254  
Suite, Apt. #, etc.

4. FEI Number 65-0689245  
Applied For Not Applicable

22. 3412 CORAL SPRING DR.  
City & State

27. CORAL SPRINGS  
City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. CORAL SPRINGS FL.  
Zip Country

28. CORAL SPRINGS  
Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. 33065 25. USA

29. FL 33077 30. USA.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.  
1214 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	GRADIDGE, TREVOR	<input checked="" type="checkbox"/> DELETE
NAME		7011 WOODMONT WAY	
STREET ADDRESS		TAMARAC FL 33321	
CITY-ST-ZIP			
TITLE	D	GRADIDGE, TREVOR	<input checked="" type="checkbox"/> DELETE
NAME		7011 WOODMONT WAY	
STREET ADDRESS		TAMARAC FL 33321	
CITY-ST-ZIP			
TITLE	D.	MICHAEL P. COTHILL	<input checked="" type="checkbox"/> DELETE
NAME		7011 WOODMONT WAY	
STREET ADDRESS		TAMARAC FL 33321	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	GRADIDGE, TREVOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		3412 CORAL SPRING DRIVE	
1.3 STREET ADDRESS		CORAL SPRINGS FL 33065.	
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D.	MICHAEL P. COTHILL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		7011 WOODMONT WAY	
3.3 STREET ADDRESS		TAMARAC FL 33321	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

4/22/97

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-04/24/97--01006--008  
\*\*\*165.00

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 registered agent, or a 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 alternate report with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)