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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080328 (3)

IT & D AMERICA CORPORATION

Principal Place	e of Business	Mailin	g Address					POLON KONIN KA	1 88 1/188 01 0 84	
4924 U.S. HIGHWAY 19			4924 U.S. HIGHWAY 19							
NEW PORT RICHEY FL 34852 NEW PORT RICHEY FL 346			52-4251							
							3. Date Incorporated or Qualified 09/26/1996	3a. Dat	e of Last Re	eport
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		Λр	plied For
21		26					65-0714090		No	t Applicable
Suite, Apt.	#, etc.	—,	Suito, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State	^	27	City & State						Fee Re	·
23	e e e e e e e e e e e e e e e e e e e	28	y or State				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t	
Zip	Country	7 i	j	Coun	try					
24	25 29			30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9, Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New Reg	jistered A	gent	
EAS	TOE, MICHAEL G			[€	31	Name	Pelor A Altw	200		
1900 MAIN STREET					12	Street Add	tress (P.O. Box Number is Not Acceptable 57/5 MOIN 5+	HAI / e)		
	TE 200						5715 MOIN ST			
SAR	ASOTA FL 34238				33		_			
				8	34	City	Now Port Richard	FI	85 Zip (2002
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1	508, Florida Statute	es, the abo	JVC-	named cor	poration submits this statement for the p	urpose of o	hanging it:	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblic	iuthorized irida Statu	by t tes	the corpora	poration submits this statement for the patients board of directors. I hereby acceptation's	t the appo	intment as	registered		
SIGNATURE PETE						AIS	TMAN	H -	29-9	77
	Signature, typed in printed name of registered ag		Juable (NOTE	Registered A	Agent	signature roqu	ired when reinstating)	DA1{	T	
12.	OFFICERS AN		DELETE	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	S IN 12 Addition
NAME	Thomas Walther 6125 Bayside M	_	otter	1.2 NAM				,	-1 Change	L Audition
STREET ADDRESS	6185 Bayside 1	.		1.3 STRI		finatee				
CITY-ST-ZIP	New Port Richard	F) 34	4052	1.4 CITY		1				}
	VP		DELLTE	2.1 1/11		-			Change	Addition
NAME	Birgit Walther 6125 Bayside N New Port Richey	16		2.2 NAN	AE.					
STREET ADDRESS	6125 Bayside 1	<i>Y</i> .		2 3 STR	EET AI	DORESS				
CITY-ST-ZIP	New fort Richey	FL 3	34652	2, 4,011	y - ST	- 21P				
TITLE	,		DELETE	3.1 TITC	E				Change	Addition
NAME				3.2 NAM	46					ļ
STREET ADDRESS				3.3 STRI	EET A	DORESS				
CITY-ST-ZIP			T percent	34 00		- ZIP			10	1 100
TITLE			☐ DELETE	41 TITL				ı	Change	☐ Addition
NAME				4 2 NAI						
STREET ADDRESS				1		DDRESS				į
CITY-ST-ZIP TITLE			DELETE	4.4 C(1) 5.1 T(1)		- 7(P			Change	Addition
· NAME			_ otten	5.1 NAM						
STREET ADDRESS						DDRESS				
CITY-ST-ZIP				5.3 STN		Y				\
TITLE			DELETE	61 IIIL		£ P			Change	Addition
NAME				6.2 NAN					-	
STREET ADDRESS						DDRESS				
	1			1		1				}

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 eath; that I am an officer or director of the corporation or the receiver extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address.

CICNIATUDE.

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4-89-97

818-841-8814

FILED

May 13 1997 8:00am

Secretary of State