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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000103373 (2)

ITA SERVICES, INC.

Principal Place of Business Mailing Address						
236 SEMINOLE COURT MARCO ISLAND FL 34145	236 SEMINOLE COURT MARCO ISLAND FL 34145-4118					
			3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26		91- 1747789 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25	Zip Cc 29 30	ountry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
SIMMS, ANTHONY J		81	Name			
236 SEMINOLE COURT MARCO ISLAND FL 34145			Street Address (P.O. Box Number is Not Acceptable)			
		83	3			

11. Pursuant to the previsions 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.

City

MW	Signature Typed or prime amount of registered agent and little If an			e required when reinstelling)	DATE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OF		S IN 12
TITLE	D	DELETE	1.1 TITLE	P/D	Change	Addition
NAME	SIMMS, ANTHONY J		1.2 NAME	1		
STREET ADDRESS	238 SEMINOLE COURT		1.3 STREET ADDRESS			
CITY - ST - ZIP	MARCO ISLAND FL 34145		1.4 CITY - ST - ZIP			
THLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	SIMMS, VICTORIA A		2.2 NAME	1		
STREET ADDRESS	236 SEMINOLE COURT		23 STREET ADDRESS			
CITY - ST - ZIP	MARCO ISLAND FL 34145		2 4 CITY-ST-ZIP			
TITLE		☐ DELFTE	3.1 TIFLE	İ	☐ Change	Addition
NAME	1		3.2 NAME			-
STREET ADDRESS			3.3 STREET ADDRESS			
C-TY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS]
CITY - S1 - ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS			ĺ
CITY-SI-ZIP		·····	5.4 CITY-ST-2(P			
TITLE		DELETE	61 TiTLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ACORESS			6.3 STREET ADDRESS			
CITY - ST - 7IP	Í		6.4 CITY - ST- ZIP			i

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

SIGNATURE:

MANTHONY J. SIMMS WM6/97 (941)642 3083

FILED

Mar 12 1997 8:00am

Secretary of State

Zip Code