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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000074200 Corporation Name ITB INVESTMENTS, INC.					
Principal Place of Business 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751			Mailing Address 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/25/1998					
2. Principal Place of Business 21				2a. Mailing Address 26	
Suite, Apt. #, etc. 22				Suite, Apt. #, etc. 27	
City & State 23				City & State 28	
Zip 24				Zip 29	
Country 25				Country 30	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1281 HAYS STREET TALLAHASSEE FL 32301-2525			10. Name and Address of New Registered Agent 81 Name BERRY J. WALKER, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 235 South Maitland Ave. # 216 83 84 City Maitland FL 85 Zip Code 32751		
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 <u>BERRY J. WALKER JR.</u> DATE <u>4/29/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <u>Pres.</u> <input type="checkbox"/> DELETE NAME <u>Jim Huckeba</u> STREET ADDRESS <u>807 S. Orlando Ave Suite C</u> CITY-ST-ZIP <u>Winter Park, FL 32789</u> TITLE <u>V.P.</u> <input type="checkbox"/> DELETE NAME <u>Larry T. Ray</u> STREET ADDRESS <u>807 S. Orlando Ave Suite C</u> CITY-ST-ZIP <u>Winter Park, FL 32789</u> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 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		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (407) 599-5263
 Date Daytime Phone #

CR2E034 (11/98)