## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM		4 (2)				
•	ITES, INC.				E INDERSONA VAN DINIEL DIVIDA VINII BIDIA	BIEL DIBLI BERLI DIBLE DERIL BERLI BIRLI 1841
Principal Place o	of Business	Mailing Address			-	
4400 P.G.A BLVD SUITE 900 PALM BEACH GARDENS FL 33410  4400 P.G.A BLVD SUITE 900 PALM BEACH GARDENS FL 33410  PALM BEACH GARDENS			S FL 33410			To Date of Last Daned
PALM DEAGH	ONRECTO TE SOTTO	Friem general contract			3. Date Incorporated or Qualified 05/31/1991	3a. Date of Last Report 04/11/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0267795	Applied For 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 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	try	8. This corporation has liability for it	
24	25 9. Name and Address of Curre	29 nt Registered Agent	30		10. Name and Address of New R	
	5. Manie and Address of Carto		· · · · · · · · · · · · · · · · · · ·	Name		
HARRIS.	J. RICHARD ESQ		8	32 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)
4400 PG/			Ļ	10		
SUITE 900			ľ	33		
PALM BEACH GARDENS FL 33410			8	City		FL 85 Zip Code
or registere familiar with	id agent, or both, in the State of Floi n, and accept the obligations of, Sec	rida: Such change was authoriz stion 607.0505, Florida Statutes	ed by the co i.	irporation s boa	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	Signature, typied or printed name of registeres agr	ntaminte Papiliani (NC ND DIRECTORS	13.	gent signature requiré	ADDITIONS/CHANGES TO OFF	
12.	DP			i.F		Change Addition
NAME	RAUTENSTRAUCH, CLARENCE		1.2 NAM	1.2 NAME		
STREET ADDRESS 6390 FOX RUN CIR N			1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			Y-ST-ZIP		Change Addition
TITLE			2 1 TIT 2 2 NAM		_ charge charge	
NAME CARREST A DODESIO				LEFT ADDRESS		
STREET ADDRESS CITY-ST-ZIP				Y · SI · ZIP		
TITLE	DELETE		3 1 TITLE			Change Addition
NAME			3.2 NA	VE		
STREET ADDRESS			3 3 ST	REET ADDRESS		
CITY-ST-ZIP	[] DELETE			Y - S1 - ZIP		Change Addition
TATLE	L.) DELETE		4 1 Ni 4 2 NAI	1		
NAME STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-SI-ZIP		<u></u>
TITLE		DELETE	5 1 [1]			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			53816	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		☐ Change ☐ Addition
TITLE	DELETE		6 1 TITLE 62 NAME			☐ cutalite ☐ veragion
NAME				ME REET ADDRESS		
STREET ADORESS				Y-ST-ZIP		
CITY-ST-ZIP	y certify that the information supplie	d with this filing is voluntarily fur	nichad and r	vileun ton soch	for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further
					rate and that my signature shall have the his report as required by Chapter 607, F	

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CLARB WCE TENSTRAUCH

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR