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

26

Suite, Apt. #, etc.

PROFIT CORPORATION

21

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1998		Sandra B. Morrhan Secretary of State DIVISION OF CORPORATI	Corretory of State
DOCUMENT #	S97467	(2)	
ITC CONSULTANTS,	INC.		
Principal Place of Business		Mailing Address	E CORRESON THE CENTER CONTROL OF CONTROL CONTR
804 WEST LAKE JESSIE DRIVE WINTER HAVEN FL 33881 US		PO BOX 9114 P O BOX 9114 WINTER HAVEN FL 33883	DO NOT WRITE IN THIS SPACE
		US	3. Date Incorporated or Qualified
a Principal Place of Susings		Mailing Address	12/03/1991

Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NORDBY, MARK 804 W LAKE JESSIE DR NW Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33881 83

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1,1 TITLE DPT TITLE NORDBY, MARK 1.2 NAME NAME STREET ADDRESS 804 W LAKE JESSIE DR 1.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 1 4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY-ST-2P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ACORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET AUDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 incicated 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 cath; 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.

SIGNATURE:

941965 185

FILED

Feb 06 1998 8:00am

59-3097395

5. Certificate of Status Desired

CR2E034

Not Applicable

\$8.75 Additional

Zip Code