FILED

Jan 23, 1999 8:00am

Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S97467

1. Corporatio					•		
ITC CO	NSULTANTS, INC.						
Principal Plac	ce of Business	Mailing Address				gilih bibli bibli bibli bibli bibli	i i i i i i
804 WEST LAN	KE JESSIE DRIVE	PO BOX 9114					
WINTER HAVE		P O BOX 9114					
US	•	WINTER HAVEN FL 33883			DO NOT WRITE IN	THIS SPACE	
	• •	US			3. Date Incorporated or Qualifed 12/03/1991		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied Fe	or
21	_	26			59-3097395	Not Applic	able
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Addition	al
22		27			3. Certificate of Status Desireo	Fee Required	
City & Star	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the current ye	· ,	
24	25	29	30		. Personal Property Tax.	Ø es □No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ered Agent	
NO	RDBY, MARK		81	Name	:		
	W LAKE JESSIE DR NW		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	TER HAVEN FL 33881				er er kom verska sem ha	the material and a series weeks with	11.1521.
14114	TENTIAVEN PE 33001	•	83				
			L				135
			. 84	City		Zi 85 Zip Code	:, (35)
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ente salti arri e	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statut Florida, Such change was a			oration submits this statement for the purpor on's board of directors. I hereby accept the a	FLII	red
11. Pursuant office or a agent. I a	i la	and 607.1508, Florida Statut Florida, Such change was a ons of, Section 607.0505, Flo			oration submits this statement for the purpor on's board of directors. I hereby accept the a	FLII	red I
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941965-1185-