

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

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V13181**
1. Corporation Name
ITC USA CORP

Principal Place of Business Mailing Address
**2183 REGENTS CIRCLE (SAME)
WEST PALM BEACH
FL 33409**

2. Principal Place of Business	2a. Mailing Address
21 SEE ABOVE	26 SEE ABOVE
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 2/12/92	3a. Date of Last Report 1996
4. FEI Number 65-0333629	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**RUMMENY, JOHANNES
2183 REGENTS CIRCLE
WEST PALM BEACH, FL 33409**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code **33409**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PRESIDENT
STREET ADDRESS	JOHANNES RUMMENY
CITY-STATE-ZIP	2183 REGENTS CIRCLE WPB FL
TITLE	☐ DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	JOHANNES RUMMENY
CITY-STATE-ZIP	2183 REGENTS CIRCLE
TITLE	☐ DELETE
NAME	TREASURER
STREET ADDRESS	JOHANNES RUMMENY
CITY-STATE-ZIP	WEST PALM BEACH FL 33409
TITLE	☐ DELETE
NAME	SECRETARY
STREET ADDRESS	JOHANNES RUMMENY
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	33409
21 TITLE	☒ Change ☐ Addition
22 NAME	JOHANNES RUMMENY
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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 included 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.

SIGNATURE: **JOHANNES RUMMENY** 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **561-8333831** Daytime Phone #

CR2E034 (9/96)