

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

①

1997 JUL 29 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V30385 (1)**

1. Corporation Name  
**E.I.T. INTERNATIONAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>EIT INTERNATIONAL INC 477 N. COURTENAY PKWY. MERRITT ISLAND FL 32953 US</b>	Mailing Address <b>220 MIZZEN COURT MERRITT ISLAND FL 32953</b>
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3. Date Incorporated or Qualified <b>04/20/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3207535</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**IBRAHIM, IBRAHIM A  
220 MIZZEN COURT  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IBRAHIM, IBRAHIM A</b>	
STREET ADDRESS	<b>220 MIZZEN COURT</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IBRAHIM, MICHELLE E</b>	
STREET ADDRESS	<b>220 MIZZEN COURT</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
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	<b>300002258373--3</b>
1.4 CITY-ST-ZIP	<b>-08/05/97--01090--006</b>
	<b>***165.00 ***165.00</b>
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 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 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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ **7-18-97**

CR2E034 (4/97)

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E.I.T. International Inc.  
477 N. Courtenay Pkwy.  
Merritt Island, Fl. 32953

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Fl. 32302-1500

To inform you that I sent my Annual Report form for 1997 on May 1, 1997. I received a second notice stating that you didn't receive the first form. I'm sending a new form with another check. I have done a stop payment on the last check. I think the first form may have been lost in the mail, because the check has not been run thru the bank. Please except my form that I'm sending now. Please le me know if there is any problems.

Regards



Ibrahim A. Ibrahim