SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V61939** **(7)**

1. Corporation Name
LTI INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2150 GOODLETTE ROAD SUITE 400 NAPLES FL 33940 US	2150 GOODLETTE ROAD SUITE 400 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0354528 ☐ 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

CULLEN, JAMES D.
2150 GOODLETTE ROAD, SUITE 400
FT. MYERS FL 33940

10. Name and Address of New Registered Agent

81 Name: Judith A. Parris
82 Street Address (P.O. Box Number is Not Acceptable): 2150 Goodlette Rd. Suite 400
83:
84 City: Naples FL 85 Zip Code: 33940

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: Judith A. Parris — 7-31-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	YABLONOWSKI, TIMOTHY M	12 NAME		
STREET ADDRESS	2150 GOODLETTE ROAD STE.400	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	14 CITY-ST-ZIP		
TITLE	CEO	21 TITLE	CEO/President/Treasurer	☒ Change ☐ Addition
NAME	CULLEN, JAMES D	22 NAME	Timothy M. Yablonowski	
STREET ADDRESS	2150 GOODLETTE ROAD STE.400	23 STREET ADDRESS	2150 Goodlette Rd. Suite 400	
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP	Naples, FL 33940	
TITLE	CCS	31 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	CULLEN, JAMES D	32 NAME	Orlando M. Riera	
STREET ADDRESS	2150 GOODLETTE ROAD STE. 400	33 STREET ADDRESS	2150 Goodlette Rd. Suite 400	
CITY-ST-ZIP	NAPLES FL 33940	34 CITY-ST-ZIP	Naples, FL 33940	
TITLE	T	41 TITLE	Vice President	☒ Change ☐ Addition
NAME	WITTOCK, GARY W	42 NAME	Charles F. Daly	
STREET ADDRESS	2150 GOODLETTE ROAD STE. 400	43 STREET ADDRESS	2150 Goodlette Rd. Suite 400	
CITY-ST-ZIP	NAPLES FL 33940	44 CITY-ST-ZIP	Naples, FL 33940	
TITLE	P	51 TITLE	Secretary	☒ Change ☐ Addition
NAME	LANDISI, RONALD J	52 NAME	Judith A. Parris	
STREET ADDRESS	2150 GOODLETTE ROAD STE. 400	53 STREET ADDRESS	2150 Goddlette Rd. Suite 400	
CITY-ST-ZIP	NAPLES FL 33940.	54 CITY-ST-ZIP	Naples, FL 33940	
TITLE	EVP	61 TITLE		☐ Change ☐ Addition
NAME	RIERA, ORLANDO	62 NAME		
STREET ADDRESS	2150 GOODLETTE ROAD STE. 400	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: 7-31-95 941-649-1316
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Timothy M. Yablonowski

0104700 CP