

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	09/04/1992	65-0354528	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
22	27	<input type="checkbox"/> \$8.75 Additional Fee Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	29	30	
34 102		34 102		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARRIS, JUDITH A 2150 GOODLETTE ROAD, SUITE 400 NAPLES FL 33940	81 Name McCAFFREY, JUDITH E
	82 Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD SUITE 206-A
	83
	84 City NAPLES
	85 Zip Code FL 34108

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 E. McCaffrey* **JUDITH E. McCAFFREY** DATE **April 6, 1998**
Signature, typed name and title of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
C YABLONOWSKI, TIMOTHY M 2150 GOODLETTE ROAD STE.400 NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
CEOP YABLONOWSKI, TIMOTHY M 2150 GOODLETTE ROAD STE.400 NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
SVP RIERA, ORLANDO M 2150 GOODLETTE ROAD STE. 400 NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
SEVP PARRIS, JUDITH A 2150 GOODLETTE ROAD STE. 400 NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Judith A. Parris* **JUDITH A. PARRIS** 4/21/98 944-649-1816

CR2E034 (10/97)