

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

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**Mar 17 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 # 855548 (4)

1. Corporation Name
I.T.S. CORPORATION



Principal Place of Business 5280 CARROLL CANYON RD SUITE 310 SAN DIEGO CA 92121-1785	Mailing Address 5280 CARROLL CANYON RD SUITE 310 SAN DIEGO CA 92121-1785
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3. Date Incorporated or Qualified 02/16/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 95-3049194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2300 Alessandro Dr. Suite, Apt. #, etc. 22 Suite 215 City & State 23 Ventura, CA Zip 24 93002 Country 25 USA	2a. Mailing Address 26 P.O. Box 1148 Suite, Apt. #, etc. 27 City & State 28 Ventura, CA Zip 29 93002-1148 Country 30 USA
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9. Name and Address of Current Registered Agent MILNE, D. J. 4594 LEXINGTON AVE. #100 JACKSONVILLE FL 32210	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (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 PD	NAME CROTHERS, BRUCE H.	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5280 CARROL CANYON RD. #310	CITY-ST-ZIP SAN DIEGO CA		
TITLE DS	NAME GARVER, CROTHERS DIANA	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5280 CARROLL CANYON RD., #310	CITY-ST-ZIP SAN DIEGO CA		
TITLE DVT	NAME SCHRANK, MARIAN C	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5280 CARROLL CANYON RD., #310	CITY-ST-ZIP SAN DIEGO, CA 00000		
TITLE CFO	NAME LAUBACHER, ROGER C	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5280 CARROLL CANYON RD #310	CITY-ST-ZIP SAN DIEGO CA		
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
13 STREET ADDRESS 2300 Alessandro Dr #215	14 CITY-ST-ZIP Ventura, CA 93002
21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME D
23 STREET ADDRESS 2300 Alessandro Dr #215	24 CITY-ST-ZIP Ventura, CA 93002
31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME Rossana Conunza
33 STREET ADDRESS 2300 Alessandro Dr #215	34 CITY-ST-ZIP Ventura, CA 93002
41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME Peter Cambial
43 STREET ADDRESS 2300 Alessandro Dr. #215	44 CITY-ST-ZIP Ventura, CA 93002
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 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.

CR2E034 (9/96)