

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 8/17/97, \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE, \$750.)

FILED
 Jul 29 1997 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # F47717 (6)
 1. Corporation Name

ITP LICENSING CORPORATION

Principal Place of Business Mailing Address
 C/O MARKBOROUGH FLORIDA C/O MARKBOROUGH FLORIDA
 8709 HUNIER'S GREEN DRIVE 6709 HUNIER'S GREEN DRIVE
 TAMPA FL 33647 TAMPA FL 33647
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 TWO MILL ROAD 26 TWO MILL ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 P.O. BOX 4679 27 P.O. BOX 4679
 City & State City & State
 23 WILMINGTON DE 28 WILMINGTON DE
 Zip Country Zip Country
 24 19807 25 US 29 19807 30 US

3. Date Incorporated or Qualified 3a. Date of Last Report
 09/29/1981 02/28/96
 4. FEI Number Applied For
 59-2139527 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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

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 re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WREN, WILLIAM	
STREET ADDRESS	TWO MILL ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, MARTIN B.	
STREET ADDRESS	180 WARDOUR ST.	
CITY-ST-ZIP	LONDON EN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHURR, JAMES R.	
STREET ADDRESS	TWO MILL ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, ALAN M.	
STREET ADDRESS	SUITE 2708, TORONTO DOMINION CENTER	
CITY-ST-ZIP	TORONTO ON	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROFT, IAN D.	
STREET ADDRESS	66 QUEEN STREET WEST	
CITY-ST-ZIP	TORONTO ON	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORBIN, STUART N.	
STREET ADDRESS	180 WARDOUR ST.	
CITY-ST-ZIP	LONDON EN	

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	
1.4 CITY-ST-ZIP	
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	

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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 supplementary 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: James R. Schurr 7/22/97 302-594-4700

CR2E034 (4/97)