

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

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**Jul 01, 1999 8:00 am**  
**Secretary of State**

07-01-1999 90006 046 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000006371**

1. Corporation Name  
**INDEPENDENT TECHNOLOGIES, INC.**



Principal Place of Business 11422 MIRACEL HILLS DRIVE SUITE 500 OMAHA NE 68154	Mailing Address 11422 MIRACEL HILLS DRIVE SUITE 500 OMAHA NE 68154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/19/1998</b>	
21 11422 Miracle Hills Drive	26 11422 Miracle Hills Drive	4. FEI Number <b>47-0685933</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip Country	29 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, HANK 150 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Hank Smith, Vice President DATE \_\_\_\_\_  
Signature, typed or printed name 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	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGALSBE, DARYL E	1.2 NAME	
STREET ADDRESS	11422 MIRACEL HILLS DRIVE, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, TIMOTHY S	2.2 NAME	
STREET ADDRESS	11422 MIRACEL HILLS DRIVE	2.3 STREET ADDRESS	11422 Miracle Hills Drive
CITY-ST-ZIP	OMAHA NE 68154	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HENRY L	3.2 NAME	
STREET ADDRESS	150 WOMWARD WAY	3.3 STREET ADDRESS	150 Windward Way
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGALSBE, DAVID L	4.2 NAME	
STREET ADDRESS	11422 MIRACEL HILLS DRIVE	4.3 STREET ADDRESS	11422 Miracle Hills Drive
CITY-ST-ZIP	OMAHA NE 68154	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Tim O'Dell SECRETARY Tim O'Dell Secretary (402) 496-4700  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)