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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L53845**

IGITEY INC

| IOHEA, INO- | | | |
|---|---|---|--|
| | | | |
| Principal Place of Business | Mailing Address | | |
| 1908 WOODSIDE CT PLANT CITY FL 33567 | 1908 WOODSIDE CT PLANT CITY FL 33567 | | |
| | · | - | |
| 2. Principal Place of Business | 2a. Mailing Address | | |

FILED Feb 08, 1999 8:00am **Secretary of State**

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| | of Business | Maining Address | | | | | |
|--|---|--|--|---|--------------------------|--------------------|---------------------------------------|
| 1908 WOODSIDE | E CT | 1908 WOODSIDE CT | | | | | |
| PLANT CITY FL | | PLANT CITY FL 33567 | | DO NOT WRITE IN TH | 10 CDACE | ٠. | |
| | | | | | IS SPACE | | |
| | | | | 3. Date Incorporated or Qualifed | | l | |
| | | • | | 02/26/1990 | | | |
| 2 Dringing Di | ace of Business | 2a. Mailing Address | | 4. FEI Number | Арр | lied For | un. |
| Z. Principai Fi | ace of Business | ⊢ • | | 59-2994448 | Not | Applicable | -33 |
| 21 | | 26 | | J3 2334440 | \$8.75 A | | X; |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | Fee Rec | | |
| 22 | <u></u> | 27 | | | | | |
| City & State | | - City & State | n even e 😐 | 6. Election Campaign Financing | \$5.00 N | | _ |
| 23 | • | 28 | | Trust Fund Contribution | Added to | Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | Intangible | 1 | |
| | | | so | Personal Property Tax | 🛚 Yes [| ∏No | |
| 24 | 25 | | | 10. Name and Address of New Registere | d Agent | | |
| | 9. Name and Address of Curren | Registered Agent | 81 Name | To Hallo and Alandara | | | |
| | ALCA MICHOLIAC | | Name | | | | |
| | UCA, NICHOLAS | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| 1908 (Gr | WOODSIDE CT | | 1 1 | The second section of the second | | | |
| PLAN | NT CITY FL 33567 | | 83 | | | | |
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| | | | 84 City | | 85 Zip C | ode i | i |
| Language Company of the Company | rn - rolen | Arms San San Arms | | | -f changing its | rapistared | i |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | s, the above-named c | corporation submits this statement for the purpose ration's board of directors. I bereby accept the apr | or changing its i | istered | i |
| office of re | egistered agent, or both, in the State | of Florida."Such change was au lions of Section 607 0505. Flori | thorized by the corpor da Statutes. | corporation submits this statement for the purpose ration's board of directors. I hereby accept the app | JOINTAL - 3 | | i |
| agent, i ai | III laililliai wilit, and accept the conga | dono on, education device est, the | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered ager | t and title if applicable (MOTE: I | Registered Agent signature rec | quired when reinstating) | | | : |
| | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 | ٤ |
| 12. | | D DELETE | 1,1 TITLE | | ☐ Change | Addition | 3 |
| TTTLE | PD | □ bereie | 1.1 IIILE | | | _ | ı ^` |
| | | | | • | | | , , |
| NAME | LA DUCA, NICHOLAS | | 1.2 NAME | • | | | } |
| | | | 1.2 NAME 1.3 STREET ADDRESS | | . ! | | 1 |
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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: