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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003604

1. Corporation Name
THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS OF TAMPA, INC.

Principal Place of Business P.O. BOX 23745 TAMPA FL 33623-3745	Mailing Address P.O. BOX 23745 TAMPA FL 33623-3745
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/18/1998	4. FEI Number 59-6152362	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	

9. Name and Address of Current Registered Agent SERIM, FEYZI 5022 BRIDGEPORT DR. SAFTY HARBOR FL 34695-4959	10. Name and Address of New Registered Agent B1 Name BILL GANDY B2 Street Address (P.O. Box Number is Not Acceptable) 4306 JETTON AVE B3 B4 City TAMPA FL B5 Zip Code 33629
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Bill Gandy DATE 3/1/99

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 R Director	NAME SERIM, FEYZI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5022 BRIDGETPORT DR.	CITY-ST-ZIP SAFTY HARBOR FL 34695-6959	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE Pres. (Director)	NAME Shiela Culbreath	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8102 Sheldon RD #206	CITY-ST-ZIP TAMPA FL 33615	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE Treas. (Director)	NAME BILL GANDY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4306 JETTON AVE	CITY-ST-ZIP TAMPA FL 33629	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE Secy (Director)	NAME RAG SCHWARTZ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3209 W. ROGERS AVE	CITY-ST-ZIP TAMPA FL 33611	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE Director	NAME JOHN ILGEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5813 IMPERIAL KEY	CITY-ST-ZIP TAMPA FL 33615	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE Director	NAME MICHAEL DONOVAN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8762 HAMPDEN DR	CITY-ST-ZIP TAMPA FL 33626	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		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 617, 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: SIG Bill Gandy DATE 3/1/99 (813) 289-1268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)