

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90085 043 \*\*\*158.75

0096228

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000054856**

1. Corporation Name  
**GLOBAL INFORMATION TECHNOLOGY, INC.**



Principal Place of Business  
 15310 AMBERLY DR  
 230  
 TAMPA FL 33647  
 US

Mailing Address  
 15310 AMBERLY DR  
 230  
 TAMPA FL 33647  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 SUITE # 360  
 23 City & State  
 24 Zip Country  
 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 SUITE # 360  
 28 City & State  
 29 Zip Country  
 30

3. Date Incorporated or Qualified  
**07/17/1995**

4. FEI Number  
**59-3323942** Applied For  
 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      |                                 |
|----------------------------|----------------------|---------------------------------|
| TITLE                      | DP                   | <input type="checkbox"/> DELETE |
| NAME                       | SHINDE, SUBRAO P     |                                 |
| STREET ADDRESS             | 9120 ROCK ROSE DR    |                                 |
| CITY-ST-ZIP                | TAMPA FL 33647       |                                 |
| TITLE                      | DVST                 | <input type="checkbox"/> DELETE |
| NAME                       | AJJARAPU, SURENDRA K |                                 |
| STREET ADDRESS             | 9120 ROCK ROSE DRIVE |                                 |
| CITY-ST-ZIP                | TAMPA FL 33647       |                                 |
| TITLE                      | DCST                 | <input type="checkbox"/> DELETE |
| NAME                       | AJJARAPU, JANAKIRAM  |                                 |
| STREET ADDRESS             | 9120 ROCK ROSE DRIVE |                                 |
| CITY-ST-ZIP                | TAMPA FL 33647       |                                 |
| TITLE                      |                      | <input type="checkbox"/> DELETE |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY-ST-ZIP                |                      |                                 |
| TITLE                      |                      | <input type="checkbox"/> DELETE |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY-ST-ZIP                |                      |                                 |

| 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                                       |  |   |

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: [Signature] 02/17/99 Date 813-987-2299 Daytime Phone # 2010

CR2E034 (1/198)