

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

0070066

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90063 027 ***150.00

DOCUMENT # **P98000088865**

1. Corporation Name
ITP GROUP CONSULTING, INC.



Principal Place of Business
**687 JAMESTOWN BLVD. APT 1003
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**687 JAMESTOWN BLVD. APT 1003
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **465 Forestway Cr.**

2a. Mailing Address
26 **465 Forestway Cr.**

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

59 353 9163

Applied For
☐ Not Applicable

Suite, Apt #, etc.
22 **108**

Suite, Apt #, etc.
27 **108**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 **ALTAMONTE SPRINGS, FL**

City & State
28 **ALTAMONTE SPRINGS, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 **32701** 25 **USA**

Zip Country
29 **32701** 30 **USA**

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**OJEDA, GERARDO F
687 JAMESTOWN BLVD, APT 1003
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name **Gerardo F. Ojeda**
82 Street Address (P.O. Box Number is Not Acceptable)
465 Forestway Cr.
83 **Apt. 108**
84 City **ALTAMONTE Springs** 85 Zip Code **FL 32701**

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 **Gerardo F. Ojeda** **president** **GERARDO F. OJEDA**

1/25/99
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
1.2 NAME	VICE President
1.3 STREET ADDRESS	LUISA R. OJEDA
1.4 CITY-ST-ZIP	465 Forestway Cr.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
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 in an attachment with an address, with all other like empowered.

SIGNATURE

GERARDO F. OJEDA, President

1/25/99
Date

407 786 4914
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)