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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 430819

1. Corporation Name

INTEGRATED BUILDING TECHNOLOGIES, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90149 025 ***150.00



| Principal Place of Business Mailing Address | | | | | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------|--------------------|---|-------------------------|--|--|
| 3000 NW BOCA RATON BLVD. 3000 NW BOCA RATON BLVD | | | |). | | | | |
| BOCA RATON FL 33431 | | | BOCA RATON FL 33431 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | 3. Date Incorporated or Qualified | |
| | | | | | | | 07/17/1973 | |
| 2. Principal Place of Business 2a, Mailing Address | | | | | | | 4 FEI Number Applied For | |
| 2. Principal Place of Business | | | , | | | | 59 1488141 Not Applicable | |
| 0.11- 0.11- 0.11 | | | Suite, Apt. #, etc. | | | | \$8.75 Additional | |
| Suite, Apt. #, etc. | | | 7 | | | | 5. Certificate of Status Desired Fee Required | |
| 22 | | 27 | City & State | | | | | |
| City & State | | | ¬ ´ | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip Country | | 28 | Zip Coi | | | | | |
| Zip | <u> </u> | — — — — — — — — — — — — — — — — — — — | | ¬ | ourie y | | 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No | |
| 24 25 9. Name and Address of Current | | | 29 30 30 | | | | 10. Name and Address of New Registered Agent | |
| | g. Name and Address of Cdri | ent Negis | stered Agent | | 81 | Name | 10, Italia alia padi 000 07 itali 10 gilia 10 gilia | |
| LAVELLE, JOHN A | | | | L | | | | |
| 3000 NW BOCA RATON BLVD. | | | |) ' | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| BOCA RATON FL 33431 | | | | | 83 | | | |
| 500 | A WHOM I'E SOAD! | | | }' | 03 | | | |
| | | | | Ţ | 84 | City | 85 Zip Code | |
| | | | | | | | FL S 25 500 | |
| office or r | egistered agent or both in the Sta | e of Flori | da. Such change was auth | orized | DV (| ine corpora | orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered | |
| agent. I a | m familiar with, and accept the obli | gations of | , Section 607.0505, Florida | a Statut | tes. | • | | |
| SIGNATURE | | | | | | | | |
| | | | | | lgent | signature requ | puired when reinstating) DATE DATE | |
| 12. | | | | 13. | - | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | Р | | | 1.† TITL | | | | |
| NAME | LAVELLE, JOHN A. | | | 1.2 NAME | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | | ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | | 1.4 CITY- ST-ZIP | | -ZIP | | |
| TITLE | • | | 2.1 TITL | 2.1 TITLE | | ∴ Change | | |
| NAME LAVELLE, BONNIE G | | | | 2.2 NAME | | Ì | | |
| CHICE TODALESC COOP THE CONTROL DE LA | | | 2.3 STREET ADDRESS | | ADDRESS | المعيد والأراب المناهدي | | |
| CITY-ST-ZIP | 1-01-211 | | | 2. 4 CIT | 2. 4 CITY-ST-ZIP | | | |
| TITLE | S | | ☐ DELETE | 3.1 TITL | .E | - | Change Addition | |
| NAME | ME NOVAK, JOHN 3 | | | 3.2 NAA | 3.2 NAME | | | |
| STREET ADDRESS | 3000 NW BOCA RATON BLV | D. | | 3.3 STF | REET. | ADDRESS | | |
| | | | | 3.4 CIT | 3.4. CITY-ST-ZIP | | • | |

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, 9 on an attachment with address, with all other like empowered.

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NOVAK, JASON E

3000 NW BOCA RATON BLVD.

BOCA RATON FL 33431

DELETE

DELETE

☐ DELETE

Change

☐ Change

Change

☐ Addition

Addition

Addition