PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90030 046 ***150.00

DOCUMENT	#	F44263
1 Comoration Name		

INTRINSIC TECHNOLOGY, INC.

Principal Place of Business
322 W BOYNTON BCH BLVD
BOYNTON BCH FL 33435

Mailing Address

322 W BOYNTON BCH BLVD

BOYNTON BCH FL 33435 BOYNTON BCH FL		FL 33435	435		DO NOT WRITE IN THIS SPACE			
•					3. Date Incorporated or Qualifed 09/11/1981			
2. Principal Place of Business	2a. Mailing Add	dress			4. FEI Number	Applied For		
21	26				59-2120082	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip 29	Çou 30	ntry		This corporation owes the current year Ir Personal Property Tax.	ntangible XIYes □No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ROELLIG, DAVID M			81	Name				
322 W BOYNTON BCH. BLVD.		82	2 Street Address (P.O. Box Number is Not Acceptable)					
			83			-		
			84	City		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 SIGNATURE PO	agent, i al	m raininar with, and accept the obligations of, section of	7.0303, 1 101102	a Sidiulos.			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature required	when reinstating)	DATE	
TITLE					ICERS AND DIRECTOR	RS IN 12	
STREET ADDRESS SUNTON BEACH FL		PD	DELETE	1.1 TITLE		☐ Change	Addition
STREET ADDRESS SUNTON BEACH FL	NAME	ROELLIG, DAVID M		1.2 NAME			
CITY-ST-ZIP	STREET ADDRESS			1.3 STREET ADDRESS			
TITLE	CITY+ST-ZIP			1.4 CITY-ST-ZIP			_
STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition	~~~		DELETE	2.1 TITLE		☐ Change	☐ Addition
STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition	NAME	ROELLIG, JUDITH N		2.2 NAME	-		
DELETE D	STREET ADDRESS			2.3 STREET ADDRESS			
NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE		DELETE	3.1,TITLE		☐ Change	Addition
STREET ADDRESS STRE	NAME	,		3.2 NAME			
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CTY-ST-ZIP Change Addition STREET ADDRESS 6.3 STREET ADDRESS CTY-ST-ZIP CTY-ST	STREET ADDRESS		\sim	3.3 STREET ADDRESS			
NAME	CITY-ST-ZIP		`	3.4. CITY-ST-ZIP			
Addition Addition	TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
A4 CITY-ST-ZIP	NAME			4. 2 NAME			
DELETE	STREET ADDRESS			4,3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CHANGE 6.4 CITY-ST-ZIP	CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP			
5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 5.4 CITY- ST- ZIP	TITLE		DELETE	5.1 TITLE	•	Change	Addition
STREET ADDRESS S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.5 CITY-ST-ZIP S.5 CITY-ST-ZIP S.5 CITY-ST-ZIP S.5 CITY-ST-ZIP S.6 CITY-ST-ZIP S.6 CITY-ST-ZIP S.7 CITY-ST	NAME	•		5.2 NAME	•		•
DELETE	STREET ADDRESS			5.3 STREET ADDRESS			
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP						
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE		DELETE		•	. Change	☐ Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME			
CIT-31-2F	STREET ADDRESS			6.3 STREET ADDRESS			
							

or quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the Informati ple and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chanter 607, Florida Statutes; and that my name appears in indicated on this annual report of supplemental annual report officer or director of the corporation of the receiver or trusted Block 12 or Block 13 if changed, or with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (11/98)