

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # **F96000001732 (4)**

1. Corporation Name

INTERNATIONAL INSURANCE TECHNOLOGIES, INC.

Principal Place of Business

**601 BAYSHORE BLVD
#980
TAMPA FL 33606**

Mailing Address

**601 BAYSHORE BLVD
#980
TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

APPLIED FOR 59-3372138

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 908A SOUTH ROME AVE

Suite, Apt. #, etc.

22 TAMPA FL

23 TAMPA FL

24 33606

25 USA

2a. Mailing Address

26 908A SOUTH ROME AVE

Suite, Apt. #, etc.

27 TAMPA FL

28 TAMPA FL

29 33606

30 USA

9. Name and Address of Current Registered Agent

**MEREDITH, IAN J
601 BAYSHORE, #980
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name DAVID. MEREDITH

82 Street Address (P.O. Box Number is Not Acceptable)

908A SOUTH ROME AVE

83

84 City TAMPA

FL

85 Zip Code 33606

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID. MEREDITH Marketing Manager 7/13/98

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **MEREDITH, IAN J**
STREET ADDRESS **601 BAYSHORE, #980**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ DELETE

NAME **JOHNSTON, MARK D**
STREET ADDRESS **601 BAYSHORE, #980**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ DELETE

NAME **SMARTT, COLIN**
STREET ADDRESS **601 BAYSHORE, #980**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **"**
1.3 STREET ADDRESS **908A SOUTH ROME AVE**
1.4 CITY-ST-ZIP **TAMPA FL 33606**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **"**
2.3 STREET ADDRESS **908A SOUTH ROME AVE**
2.4 CITY-ST-ZIP **TAMPA FL 33606**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **"**
3.3 STREET ADDRESS **908A SOUTH ROME AVE**
3.4 CITY-ST-ZIP **TAMPA FL 33606**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]* **IAN MEREDITH**

7/13/98 8:3254-6818

CR2E034 (5/98)