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

PROFIT

FLORIDA DEPARTMENT OF STATE

FILED Apr 15, 1999 8:00 am

| ANNUAL REPORT | | Katherine Harris Secretary of State | | | Secretary of State | |
|--|--|-------------------------------------|--------------------|---|---|--------|
| • | 1999 | DIVISION OF | CORPORA | TIONS | 04-15-1999 90044 025 ***150.00 | |
| DOCUMENT # F96000006057 (1) 1. Corporation Name | | | | | | |
| INTEGR | ATED TECHNOLOGIES | S MANAGEMEN' | T COR | P., IN | NO | |
| Principal Place | | Mailing Address | | | | |
| 726 YORKLYN ROAD 726 YORKLYN F HOCKESSIN, DE 19707 HOCKESSIN, DE | | | | | | |
| HUCKES | SIN, DE 19707 | HOCKESSIN, | DE . | 19707 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | ٦ |
| | | | | | 11/18/1996 | ı |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For | 1 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 51-0347413 Not Applicable | 4 |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| Zip | Country | Zip Zip | Count | ry | This corporation owes the current year Intangible Personal | ┧ |
| 24 25 | | 29 30 | | | Property Tax. XYes No | ┨ |
| | 9. Name and Address of Current | Registered Agent | - 8 | 1 Name | 10. Name and Address of New Registered Agent | ┨ |
| | | | L | | | 1 |
| HAMILTON, JOHN ESQ. 82 Street Address | | | | dress (P.O. Box Number is Not Acceptable) | | |
| SUITE 3650 AMSOUTH BLDG | | | | | | 1 |
| 100 N. TAMPA ST. | | | | | 85 Zip Code | ┨ |
| TAMPA, FL 33602 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named col | | | | | FL | ┨ |
| registered | to the provisions of Sections 607.0502 I office or registered agent, or both, in red agent. I am familiar with, and acce | the State of Florida, Such | change was | s authorized | by the corporation's board of directors. I hereby accept the appointment | : |
| SIGNATURE 5 | Signature, typed or printed name of registers | ed agent and title if applicable | . (NOT | E: Registered | Agent signature required when reinstating) DATE | |
| 12. | OFFICERS AND DI | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | - S |
| TITLE . | PC PROPERTY OF THE PROPERTY OF | DELET | | E.L. | The provided and the provided from the Change of Addition | 1 |
| NAME STREET ADDRESS | PARRISH, CRAIG A 103 HART DRIVE | 1 • | 1.2 NAM 1.3 STR | EET ADORESS | | 5 |
| CITY - ST - ZIP | | 311 | | - ST - ZIP | | 3 |
| TITLE | S | DELET | | | Change Addition | اد |
| NAME STREET ADDRESS | RAMBO, DOROTHY 2 LANTERN LANE | | 2.2 NAM | E EET ADORESS | | l |
| CITY - ST - ZIP | WILMINGTON, DE | 19810 | | - ST - ZIP | | |
| Ππε | | DELET | | 1 | DANIEL L. VANSCIVER Change HAddition | 1 |
| NAME STREET ADORESS | | | 3.2 NAM | E EETADDRESS | 726 YORKLYN RO. | |
| CITY - ST - ZIP | | | | -ST-ZIP | TZG YORKEYN RD. HOCKESSIN, DE 19707 | J |
| TITLE | | DELET | E- 4.1 TITL | E | Change Addition | 1 |
| NAME | | | 4.2 NAM | 1 | · | 1 |
| STREET ADORESS CITY - ST - ZIP | | | | EET ADDRESS ' - ST - ZIP | | |
| TITLE | | DELET | | | Change Addition | 1 |
| NAME | | _ | 5.2 NAM | | | l |
| STREET ADDRESS CITY - ST - ZIP | | | | EET ADDRESS - ST - ZIP | | |
| TITLE | <u> </u> | DELET | | | Change Addition | 1 |
| NAME | | | 6.2 NAM | ' 1 | | 1 |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY - ST - ZIP | _ كالمنظم بنكا بها | | 6.4 CITY | ' - ST - ZIP | | ١, |

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: