

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90108 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004098

1. Corporation Name
ITEMS INTERNATIONAL, INC. OF PENNSYLVANIA



Principal Place of Business 1540-A EAST PLEASANT VALLEY BOULEVARD PO BOX 951 ALTOONA PA 16603	Mailing Address C/O DEMBERT & MOYNE P.O. BOX 329 1012 E. Boal Ave Boalsburg, PA 16827 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/04/1997	4. FEI Number 25-1336674	Applied For <input type="checkbox"/> No Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ZAMORA, GUILLERMO 777 NORTHWEST 72ND AVENUE SUITE 3-AA-14 MIAMI FL 33126	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0501 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCT	<input type="checkbox"/> DELETE	1.1 TITLE CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN, GEORGE E		1.2 NAME	
STREET ADDRESS 1221 WALTON AVENUE		1.3 STREET ADDRESS	
CITY-STATE-ZIP ALTOONA PA 16601		1.4 CITY-STATE-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN, SHARON A		2.2 NAME	
STREET ADDRESS 648 PEACHVIEW LANE		2.3 STREET ADDRESS	
CITY-STATE-ZIP DUNCANSVILLE PA 16835		2.4 CITY-STATE-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN, PAUL I		3.2 NAME	
STREET ADDRESS 207 BONNIE LANE		3.3 STREET ADDRESS	
CITY-STATE-ZIP HOLLIDAYSBURG PA 16648		3.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN, EUNICE A		4.2 NAME	
STREET ADDRESS 1221 WALTON AVENUE		4.3 STREET ADDRESS	
CITY-STATE-ZIP ALTOONA PA 16601		4.4 CITY-STATE-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTT, MARY J		5.2 NAME	
STREET ADDRESS RD #2, BOX 240		5.3 STREET ADDRESS RR6 Box 740	
CITY-STATE-ZIP ALTOONA PA 16601		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME H. Peter Goehrig	
STREET ADDRESS		6.3 STREET ADDRESS 610 Devonshire	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP State College, PA 16803	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a holder like empowered.

SIGNATURE:

H. Peter Goehrig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

(814) 466-3306
Daytime Phone #

CR2E034 (11/98)