

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90237 050 \*\*\*150.00

DOCUMENT # F98000001471 *ok*  
1. Corporation Name

IT ACQUISITION CORP.

Principal Place of Business	Mailing Address
110 E BROWARD BLVD SUITE 1100 FT LAUDERDALE FL 33301	110 E BROWARD BLVD SUITE 1100 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1998**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	52-2060786	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SMITH, DENNIS D  
11 110 SE 6TH STREET  
15TH FLOOR  
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, 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	C <input type="checkbox"/> DELETE	1.1 TITLE	C/D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, MICHAEL S	1.2 NAME	EGAN, MICHAEL S
STREET ADDRESS	110 E BROWARD BLVD, STE 1100	1.3 STREET ADDRESS	333 EAST LAS OLAS BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	CP <input type="checkbox"/> DELETE	2.1 TITLE	D/VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAINA, JOSEPH R	2.2 NAME	TRAINA, JOSEPH R
STREET ADDRESS	45 WOODVALLEY LANE	2.3 STREET ADDRESS	110 EAST BROWARD BLVD
CITY-ST-ZIP	FLOWERHILL NY 11050	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JACQUELINE	3.2 NAME	EGAN, JACQUELINE
STREET ADDRESS	110 E BROWARD BLVD, STE 1100	3.3 STREET ADDRESS	333 EAST LAS OLAS BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	DVST <input type="checkbox"/> DELETE	4.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, ROSALIE V	4.2 NAME	ARTHUR, ROSALIE V
STREET ADDRESS	110 E BROWARD BLVD, STE 1100	4.3 STREET ADDRESS	333 EAST LAS OLAS BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosalie V. Arthur* Rosalie V. Arthur  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-769-5944

Date

Daytime Phone #

CR2E034 (1/1/98)