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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

INTERNATIONAL TECHNICAL SUPPLIES, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address				. 2.4 4,4		
1399 NORTH KILLIAN DRIVE SUITE #1							
LAKE PARK FL 33403 LAKE PARK FL 33403			DO NOT WRITE IN THE COACE				
•				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
				05/24/1985	·		
2. Principal Place of Business	2a. Mailing Address	, -	7 世1	4. FEI Number			Applied For
2. Principal Place of Business 21 1395 N. Killian Dr. #1		lian	Dr.#1	59-2554677			Not Applicable
cuite, Apt. #, stc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ϫ		5 Additional
City & State	City & State						Required
23	<b>⊢</b> '			6. Election Campaign Financing			<b>00</b> May Be
Zip Country	28	Country		Trust Fund Contribution			d to Fees
24 25	29 30	¬ ′		This corporation owes or has paid     Personal Property Tax due June	_	ent year ] Yes	Intangible  No
9. Name and Address of Current	1	<u> </u>	<del></del>	10. Name and Address of New Reg			
PRITTS, RONALD L.		81	Name		<u></u>	30	
500 AUSTRALIAM AVENUE SOUTH.	SUITE 800						
-			82 Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33401		83		······································			
THEOT TALK BEAUTITE SOLUTION							
		84	City			85 Zi	p Code
44 Purposet to the provisions of Carlines 607 0500	CO7 4500 Flanks State	45			<u>FL</u>	جلب	
<ol> <li>Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	Florida. Such change was auth	orized by	the corporation	ration submits this statement for the pu in's board of directors. I hereby accept	irpose of o	ananging Intment	g its registered as registered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes		•			ŭ
SIGNATURE							
Signature, typed or printed name of registered agent  12. OFFICERS AND		13.	nt signature required		DATE	DIDECT	200 0140
TITLE D	DELETE	1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFICE		Change	
NAME PEARSON, FREDERICK K.		1.2 NAME			-	Ondrig	
STREET ADDRESS BLACKSMITHS LANE	ŀ	1,3 STREET	ADDRESS				
CITY-ST-ZIP LALEHAM, ENGLAND		1.4 CITY-S	l l				
TITLE DV	☐ DELETE	2.1 TITLE	1-21-			Change	Addition
NAME WOODS, JEAN R.		2.2 NAME				Onling	Z Z AGGIRGII
STREET ADDRESS OLD FORGE BLACKSMITHS LN		2.3 STREET	ADDOCCO				ļ
CITY-ST-ZIP LALEHAM, ENGLAND							
TITLE DS	DELETE	2. 4 CITY - S 3.1 TITLE	1-ZJP			Change	Addition
NAME PRITTS, RONALD L.		3.2 NAME			-	Onderige	. C. Addition
STREET ADDRESS 11211 PROSPERITY FARMS		3.3 STREET	ADODECC				
CITY-ST-ZIP PALM BEACH GARDENS FL	·						
TITLE	DELETE	3.4. CITY-S 4.1 TITLE	1-417			Change	Addition
NAME		4. 2 NAME			L	similar	
STREET ADDRESS		4.3 STREET	ADDRESS				1
CITY-SI-ZIP							
RITLE	LLI DÉLETE	4.4 CITY - ST 5.1 TITLE	-ar		—-г	Change	Addition
NAME	and Descrip	5.2 NAME			1		
STREET ADDRESS		5.3 STREET	ADOBEĆO				
CITY-ST-ZIP							
TITLE	DELETE	5.4 CITY-ST 6.1 TITLE	- 417			Change	Addition
NAME		6.2 NAME			_	vienge	Audition
STREET ADDRESS		6.3 STREET A	NDDDEGG				
CITY-ST-ZIP	1		i				į
14. I hereby certify that the information supplied with		6.4 CITY-ST		ection 119 07(3)(i) Florida Statutos I fu	rthor corti	f. that th	a 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 or page 4, or on an attachment with an address.