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## 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

	WENT # H58829				
1. Corporation Name INTERNATIONAL TECHNICAL SUPPLIES, INC.					
11411711147	HOME LECTIONE DOLL			I HABITAN AND AND AND INDER NAME HÀID TÀIR AND ANG AND ÁIGH ÁIGH ÁIGH AND ANG AN	
•					
Principal Place	e of Business	Mailing Address		i 105/01: 2195 01501 10101 10119 51010 10111 01911 01911 01911 01911 01911 01911 01911 01911 01911	
1395 N KILLIAN	I DR #1	1395 N KILLIAN DR #1			
LAKE PARK FL 33403 LAKE PARK FL 33403				DO NOT WRITE IN THIS SPACE	
US	*	US		3. Date Incorporated or Qualified	
,				05/24/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21 26		<del></del>		<b>59-2554677</b> Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
27				Fee Required	
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be	
23	Constant	28	Country	Trust Fund Contribution Added to Fees	
Zip	Country 25	29 30	- '	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curren		<del></del>	10. Name and Address of New Registered Agent	
	S. Halle Silver Halles St. Dollar		81 Name	Linda L. Pearson	
PRITTS, RONALD L.					
500 AUSTRALIAM AVENUE SOUTH, SUITE 800			62 3000	Address (P.O. Box Number is Not Acceptable) 1395 N. Killian Dr. #1	
WEST PALM BEACH FL 33401			83		
			84 City 1 1 P-1 85 Zin Goda 2		
			1 1 1	Lake Park	
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 region 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 register					
agent. I a	m familiar with, and accept the obligat	ns of, Section 607.0505, Florida	Statutes.	0 5 1 100	
SIGNATURE	Jude . 1	larson =	Linda L	required when reinstation of OATE	
	Signature, typed or printed name of registered agen OFFICERS AN		13. A Transport	required when reinstating) A OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE XX	1.1 TITLE	President Addition	
NAME	PEARSON, FREDERICK K.		1.2 NAME	Brian Pearson	
STREET ADDRESS	BLACKSMITHS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LALEHAM, ENGLAND		1.4 CITY-ST-ZIP	South Bournemouth, England	
TITLE	DV	X DELETE	2.1 TILE	Vice President ☑ Change ☐ Addition	
NAME	WOODS, JEAN R		2.2 NAME	Christine Kranenburg	
STREET ADDRESS	OLD FORGE BLACKSMITHS LI	1	2.3 STREET ADDRESS	Richmond Hill Linden, Guyana, South-America	
CITY-ST-ZIP	~L'ALEHAM; ENGLAND	* .	2.4 CITY-ST-ZIP		
TITLE	DS .	X DELETE	3.1 TITLE	Secretary ☑ Change ☐ Addition	
NAME	PRITTS, RONALD L.		3.2 NAME	Linda L. Pearson	
STREET ADDRESS	11211 PROSPERITY FARMS		3.3 STREET ADDRESS	į	
CITY-ST-ZIP	PALM BEACH GARDENS FL	☐ DELETE	3.4. CITY-ST-ZIP	Lake Park, FL 33403	
TITLE		□ pereir	4.1 IIILE 4.2 NAME	rreasurer	
NAME expect annuese	•	•	4.2 NAME  4.3 STREET ADDRESS	Brian Pearson	
STREET ADDRESS	,		4.4 CITY-ST-ZIP	South Bournemouth; England	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS		,	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	A. A		6.2 NAME		
CTDEET ADDRESS			6.3 STREET ADDRESS	s  ·	

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP