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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90024 041 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M53899

I.T.C.H. INVESTMENTS, INC.

| i i i O i Fi i i   | AAFOLMICITIO, INC.   |   | ,  |   |  |   |
|--|--|---|--|---|--|---|
| Principal Place  | of Business  | Mailing Address   |  | 1   | -  |   |
| 2301 BAYVIEW DR.   |  | PO BOX 39147  |  | •   |  |   |
| FT. LAUDERDALE FL 33305  |  | FT. LAUDERDALE FL 33309   |  | DO NOT WRITE  | DO NOT WRITE IN THIS SPACE                           |   |
| , US   |  |   |  | 3. Date Incorporated or Qualifed  |  |   |
|  |  |   |  | 06/16/1987  |  |   |
|  |  | 2a. Mailing Address   |  | 4. FEI Number   | Appli  | ied For   |
| 2. Principal Pla   | ace of Business  | <del></del>   |  | 65-0003107  | Not A  | Applicable  |
| 21   |  | Suite, Apt. #, etc.   | · · · · · · · · · · · · · · · · · · ·  |   | _ \$8.75 Ad  | ditional  |
| Suite, Apt. #, etc.  |  |   |  | 5. Certificate of Status Desired  | Fee Requ   | uired   |
| 22   | <u> </u>   | City & State  | <u> </u>   | 6. Election Campaign Financing  | \$5.00 м   | lay Be  |
| City & State   | 3  | 28  |  | Trust Fund Contribution   | Added to   | Fees  |
| 23   | Country  | Zip   | Country  | 8. This corporation owes the current  | nt year Intangible                                   | _   |
| Zip  | 25   |   | 30   | Personal Property Tax.  | ☐ Yes  | No  |
| 24   | 9. Name and Address of Curre   |   |  | 10. Name and Address of New Re  | gistered Agent                                       |   |
| <u> </u>   | 9. Name and Address of Control   | / v = 2   | 81 Nam   | ne  |  | ľ   |
| BAKA   | AS, IONA PETE  | -   | 82 Stre  | et Address (P.O. Box Number is Not Acceptab   | de)  |   |
| 2301 BAYVIEW DR. S. S. S.  |  | 02 500  | et Address (F.O. Dox Hamber to Hot Hospital  | ing.<br>The market of the state of | white may  |   |
|  | AUDERDALE FL 33305   |   | 83   | 1. 15% (1.15%) [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%] [1.15%]  | 5月11日的知识的  | 4: 6  |
| ''''   |  |   | <u> </u>   | <u> </u>  | 85 Zip Co  | nde   |
|  |  | •   | 84 City  |   | · FL   [ ]   |   |
| 44' Durniont   | to the provisions of Sections 607.05   | 502 and 607.1508, Florida Statute   | es, the above-name   | ed corporation submits this statement for the proporation's board of directors. I hereby accept   | urpose of changing its re<br>the appointment as regi | egistered<br>stered                                   |
|  |  |   |  |   |  |   |
| office or r  | egistered agent, or both, in the State   | e of Florida: Such change was at<br>nations of: Section 607.0505, Flor  | ida Statutes.  | inportation o board or an extension of  |  | Ì   |
| office or reagent. I a   | egistered agent, or both, in the State<br>in familiar with, and accept the oblig   | e of Florida: Such change was au<br>pations of, Section 607.0505, Flor  | ithorized by the co<br>ida Statutes.   | :   |  |   |
| agent. I a   | egistered agent, or both, in the State<br>m familiar with, and accept the oblig  | pations of, Section 607.0505, Flor  | ida Statutes.  | ure required when reinstating)  | DATE   |   |
| office of reagent. I as  | egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag   | pations of, Section 607.0505, Flor gent and title if applicable. (NOTE: ND DIRECTORS                          | ida Statutes.  | ure required when reinstating)'s ADDITIONS/CHANGES TO OFF   | DATE   | RS IN 12  |
| agent. I a   | egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag   | gations of, Section 607.0505, Flor  | ida Statutes.  Registered Agent signatu  | ure required when reinstating)  | DATE   |   |
| office or nagent. I as   | egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  | pations of, Section 607.0505, Flor gent and title if applicable. (NOTE: ND DIRECTORS                          | Registered Agent signatu   | ure required when reinstating)'s ADDITIONS/CHANGES TO OFF   | DATE   | RS IN 12  |
| office or nagent. I as SIGNATURE  12.  TILE NAME   | egistered agent, or both, if the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ac  | pations of, Section 607.0505, Flor gent and title if applicable. (NOTE: ND DIRECTORS                          | Registered Agent signatu  13. 1.1 TITLE  | ADDITIONS/CHANGES TO OFF  | DATE   | RS IN 12  |
| office or in agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | egistered agent, or both, in the state m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A D BAKAS, IONA PETE 2301 BAYVIEW DR.                      | pations of, Section 607.0505, Flor gent and title if applicable. (NOTE: ND DIRECTORS                          | Registered Agent signatu  13. 1.1 TITLE 1.2 NAME   | ADDITIONS/CHANGES TO OFF  | DATE ICERS AND DIRECTOR Change                       | RS IN 12  |
| office or in agent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ac  OFFICERS A  D  BAKAS, IONA PETE                                   | pations of, Section 607.0505, Flor gent and title if applicable. (NOTE: ND DIRECTORS                          | Registered Agent signatu  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRE   | ADDITIONS/CHANGES TO OFF  | DATE   | RS IN 12  |
| office or in agent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | egistered agent, or both, in the state m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A D BAKAS, IONA PETE 2301 BAYVIEW DR.                      | pations of, Section 607.0505, Flor gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE                | Registered Agent signatures.  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP   | ADDITIONS/CHANGES TO OFF  | DATE ICERS AND DIRECTOR Change                       | RS IN 12  |
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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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS