

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90019 048 ****70.00

DOCUMENT # N50815

1. Corporation Name

IFITZ CORP

Principal Place of Business

C/O VETS 4 VETS. ATTN: FITZ
P.O. BOX 401
BRANDON FL 33509-0401

Mailing Address

C/O VETS 4 VETS. ATTN: FITZ
P.O. BOX 401
BRANDON FL 33509-0401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-3135349

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, DAVID J
542 GOLDEN TRAITREE PLACE
BLDG 8, APT 542
BRANDON FL 33509-0401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 **33510**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

K/A Fitz
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4 Apr 99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D CAMPBELL, A B**
STREET ADDRESS **5901 N.E. 21 ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D MORRIS, JAN**
STREET ADDRESS **7412 DESTIN DRIVE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D FOSS, BETTY**
STREET ADDRESS **8719 N. MEADOWVIEW CIR.**
CITY-ST-ZIP **TAMPA FL 33624**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CEA FITZGERALD, DAVID J**
STREET ADDRESS **P.O. BOX 401 N/A**
CITY-ST-ZIP **BRANDON FL 33509-0401**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, 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:

Signature Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Apr 99
Date

(813) 653-9355
Daytime Phone #

CR2E037 (11/98)