


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90075 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000003604

1. Corporation Name

THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFFE
SSIONALS OF TAMPA, INC.

Principal Place of Business

P.O. BOX 23745
 TAMPA FL 33623-3745

Mailing Address

P.O. BOX 23745
 TAMPA FL 33623-3745



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/18/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6152362	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SERIM, FEYZI
 5022 BRIDGEPORT DR.
 SAFTY HARBOR FL 34695-4959

10. Name and Address of New Registered Agent

81 Name **BILL GANDY**
 82 Street Address (P.O. Box Number is Not Acceptable)
4306 JETTON AVE
 83
 84 City **TAMPA** FL 85 Zip Code **33629**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	R Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERIM, FEYZI	1.2 NAME	
STREET ADDRESS	5022 BRIDGEPORT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFTY HARBOR FL 34695-4959	1.4 CITY-ST-ZIP	
TITLE	Pres. (Director)	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shiela Culbreath	2.2 NAME	
STREET ADDRESS	8102 Sheldon RD #206	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	
TITLE	Treas. (Director)	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL GANDY	3.2 NAME	
STREET ADDRESS	4306 JETTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	Secy (Director)	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAG SCHWARTZ	4.2 NAME	
STREET ADDRESS	3209 W. ROGERS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN ILGEN	5.2 NAME	
STREET ADDRESS	5813 IMPERIAL KEY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	5.4 CITY-ST-ZIP	
TITLE	Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL DONOVAN	6.2 NAME	
STREET ADDRESS	8762 HAMPDEN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	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 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:

SIG: Bill Gandy
RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

(813) 289-1268

Daytime Phone #

CR2E037 (1/98)