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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033637 (8)

FILED May 14 1997 8:00am Secretary of State

1. Corporation Name IT IS, IT IS, INC. Principal Place of Business Mailing Address 11771 LITTLE STONE CT WEST PALM BEACH FL 33412 Mailing Address 11771 LITTLE STONE CT WEST PALM BEACH FL 33412									
						3. Date incorporated or Quali 05/10/1993	1	Date of Last F 5/01/1996	Report
-n '	Place of Business	2a. Mailing Addre	ess			4. FEI Number 65-0434474			optied For
1] Suite, Apt.	#, etc.	26 Suite, Apt. #,	etc.	***************************************		5. Certificate of Status Desired	a 🗆	\$8.75	ot Applicable Additional equired
City & State	le	City & State			·····	6. Election Campaign Financia	na		May Be
3		28				Trust Fund Contribution			to Fees
<i>Z</i> ip	Country	Zip 29	30	Country		This corporation has liabilit Florida Statutes	y for intangib	le tax under s	. 199.032,
4	25 9. Name and Address of C		(30)		····	10. Name and Address of Ne			
WID	DERMAN, PAMELA D			81	Name				
	71 LITTLE STONE CT ST PALM BEACH FL 33412			82 83 84	Street Add	ress (P.O. Box Number is Not Acc	eptable)	85 Zip	Code
1. Pursuant office or ragent if a	to the provisions of Sections 607 registered agent, or both, in the arm familiar with, and accept the	7.0502 and 607.1508, Florid State of Florida. Such chan obligations of, Section 607.	la Statutes, t ge was auth 0505. Florida	the above orized by a Statutes	e-named cor the corpora	poration submits this statement for tion's board of directors. I hereby	the purpose accept the ap	of changing is opointment as	ts registered registered
SIGNATURE	Signature Typed or printed name of register	red agent and Itle if applicable		gistered Age		red when reinstating)	DATE		
SIGNATURE 2.	OFFICER	red agent and little if applicable S AND DIRECTORS	(NOTE Re	gistered Age			DATE	ND DIRECTOR	RS IN 12
ignature 2. Ile	OFFICER:	red agent and Itle if applicable	(NOTE Re	gistered Age 13. 1.1 TITLE		red when reinstating)	DATE		RS IN 12
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I. I do 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 exporation 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 atjackment with an address.

SIGNATURE: / HOWAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/9+

561-775-2565 Daylime Phone