## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	S. C.			ON OF CORP									
DOCU 1. Corporation		# <b>P</b> 93	00003	86591	(4)		•							
INFOR	MATION	TECHNOLOGY	GROUP.	INC.										
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Principal Place	e of Rusines	S		iling Address	<u> </u>									
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800 RAVENS CIR H-107				800 RAVENS CIR H-107										
ALTAMONTE	ALTAMONTE SPRINGS FL 32714				ALTAMONTE SPRINGS FL 32714					· <del>····</del>				
00	US				US			<ol> <li>Date Incorporated</li> <li>05/18/1993</li> </ol>	or Qualified	3a. Date o		•		
	2. Principal Place of Business				2a. Mailing Address				4. FEI Number			03/14/1995 Applied For		
		GRUE	26	803 K	ANENS	CIRCLE		59-318486	9		J	Not Applicable		
Suite, Apt.				Suite, Apt. #, e				5. Certificate of Statu		₩		Additional		
22 # / City & State			27		03					×		Required		
23 A CTAM		SPRWGS +	E. 28	City & State  ACT Am	10 m	pauss.	E	6. Election Campaign				0 Мау Ве		
Zip		Country	<del></del>	710 g	<del></del>	ountry		Trust Fund Contrib				d to Fees		
24 32	/ /	25	29	34711	4 30			<ol><li>This corporation has Florida Statutes</li></ol>	is liability for I		under s	199.032,		
	g. Name and Address of Current Registered Agent									egistered Ag	ent	····		
81 Nam							.51	JGH RA	m A	K.				
SINGH, RAMA K						82 Stree		(F.O. Box Number is N	lot Appointab	(a)				
800 RAVENS CIR							80	3 RANE,	JS (	IRCLE	#	103		
#107	ANTE ODD	MOO EL 00744				83								
ALIAMO	JNIE SPK	INGS FL 32714				84 City					85 Zip	Code		
11. Pursuant t	o the provis	ops of Sections 607	0502 and 607	1508 Florida S	tatutas the el	140	(pm	ANTE SPRING	5,		3	Code 12714		
or register familiar wit	ed agent, or	both, in the state of	Florida. Such o	hange was aut	thorized by the	corporation's	s board o	on submits this statement of directors. I hereby acc	it for the purp ept the appo	cose of chang pintment as rea	ing its re distered	gistered office agent. I am		
SIGNATURE		Lury	RAMA KA	MT SING	GH. Ne	eis ored	Asi	ur	1	ulnalak	•			
	Signature, typed		agent and title if app			o Agent signature	required wf	en reinstating)		DATE	·			
12. Dile	P	OFFICERS	AND DIRECTO		13			ADDITIONS/CHANG	ES TO OFFI	CERS AND DI	RECTOR	3S IN 12		
NAME	, ,	RAMA KANT		☐ DELETE	I	TITLE					Change	☐ Addition		
STREET ADDRESS		VENS CIR #107				NAME		2 /2.26.46	4.4		103			
CITY-S1-2IP		ONTE SPRINGS F	ı			STREET ADDRESS	, ,	3 RAVENS AMOURE SPA	UK	16 # - 0	-			
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NAME					62 N	AME					-			
STREET ADDRESS					63S	TREET ADDRESS								

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, if on an attachment with an address. President, RAMA KAM SINGH

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR