Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90053 038 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000016733

1. Corporation Name

INFORMATION TECHNOLOGY C	ORP.					
Principal Place of Business	Mailing	Address				
647 SANCTUARY DRIVE 647 SANCTUARY DRIVE BOCA RATON FL 33431 BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/03/1994	
2. Principal Place of Business 2a. Mailing Address		iling Address			4. FEI Number Applied For	_[
21	26				65-0479747 Not Applicable	4
Suite, Apt. #, etc.	Suit	te, Apt. #, etc.		· ~	5. Certificate of Status Desired.   \$8.75 Additional Fee Required	
22		/ & State			6. Election Campaign Financing S5.00 May Be	_
City & State	28	y a state			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip		Countr	у	8. This corporation owes the current year Intangible	ļ
24 25	29		30		Telebrat Topony Tux:	4
9. Name and Address of Cu	rrent Registered	d Agent		.1	10. Name and Address of New Registered Agent	-
ABRAMS, ROBERT S			8	1 Name		
647 SANCTUARY DRIVE BOCA RATON FL 33431		8:	2 Street	Address (P.O. Box Number is Not Acceptable)	1	
		8:	3		7	
			8-	4 City	FL 85 Zip Code	
A D S S S S S S S S S S S S S S S S S S	0503 and 607 16	EOR Elorida Statutor	the sho	ua named	corporation submits this statement for the purpose of changing its registered	┥
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the observations. Signature, typed or printed name of registered.	tate of Florida. Si digations of, Sec	uch change was aut tion 607.0505, Florid	tnonzed b da Statute	y the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
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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 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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

Addition