

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 17 AM 10: 07

**DOCUMENT # P94000051656 (4)**

1. Corporation Name

**INTEGRATED TECHNOLOGIES OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

4718 S.W. 12TH PLACE, #202  
CAPE CORAL FL 33914

4718 S.W. 12TH PLACE, #202  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/13/1994

2. Principal Place of Business

2a. Mailing Address

21 1993 E. Discovery Circle  
Suite, Apt. #, etc.

26 1993 E. Discovery Circle  
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0509512

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Pompano Beach, FL

28 Pompano Beach, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

30 33064

25 U.S.

30 33064

30 U.S.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUCA, CHRIS J  
4718 S.W. 12TH PLACE, #202  
CAPE CORAL FL 33914

81 Name

Chris J. Duca

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

1993 E. Discovery Circle

83

84 City

Pompano Beach

FL

85 Zip Code

33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PSTD  
NAME: DUCA, CHRIS J  
STREET ADDRESS: 4718 S.W. 12TH PLACE, #202  
CITY-ST-ZIP: CAPE CORAL FL 33914

1.1 TITLE: PSTD  Change  Addition  
1.2 NAME: Duca, Chris J.  
1.3 STREET ADDRESS: 1993 E. Discovery Circle  
1.4 CITY-ST-ZIP: Pompano Beach, FL 33064

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:   
2.3 STREET ADDRESS:   
2.4 CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:   
3.3 STREET ADDRESS:   
3.4 CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:   
4.3 STREET ADDRESS:   
4.4 CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:   
5.3 STREET ADDRESS:   
5.4 CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:   
6.3 STREET ADDRESS:   
6.4 CITY-ST-ZIP:

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 110.07(3)(b), 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 authorized 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
CHRIS J. DUCA

Pres.

March 13, 1995