

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000051656 (4)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

1993 E DISCOVERY CIRCLE  
POMPANO BEACH FL 33064  
US

1993 E DISCOVERY CIRCLE  
POMPANO BEACH FL 33064  
US

3. Date Incorporated or Qualified  
**07/13/1994**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business  
21 **4718 SW 12th. Pl.**

2a. Mailing Address  
26 **4718 SW 12th. Pl.**

4. FEI Number  
**65-0509512**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **202**

Suite, Apt. #, etc.  
27 **202**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23 **CAPE CORAL FL**

City & State  
28 **CAPE CORAL FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24 **33914**

Country  
25 **U.S.**

Zip  
29 **33914**

Country  
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**  
1993 E DISCOVERY CIRCLE  
POMPANO BEACH FL 33064

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4718 SW 12th. Pl.**  
83  
84 City **CAPE CORAL FL** 85 Zip Code **33914**

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

*Chris J. Duka*

NOTE: Registered Agent Signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>DUCA, CHRIS J</b>	
STREET ADDRESS	<b>1993 E DISCOVERY CIRCLE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4718 SW 12th. Pl. #202</b>
1.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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, changed, or on an attachment with an address.

SIGNATURE: *Chris J. Duka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-96** (Date) **(941) 540-4138** (Office Phone #)

CR2E034 (12/95)