

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P94000051656 (4)**  
 1. Corporation Name  
**INTEGRATED TECHNOLOGIES OF SOUTHWEST FLORIDA, IN C.**



Principal Place of Business <b>4718 SW 12TH PL                  SUITE 202                  CAPE CORAL FL 33914                  US</b>	Mailing Address <b>4718 SW 12TH PLACE                  SUIT 202                  CAPE CORAL FL 33914-6374                  US</b>
---	--

<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	<b>3.</b> Date Incorporated or Qualified <b>07/13/1994</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
--	---	---	---

<b>4.</b> FEI Number <b>65-0509512</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DUCA, CHRIS J**  
**4718 SW 12TH PL**  
**CAPE CORAL FL 33914**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>ROBERT RATLIFF</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2340 Periwinkle Way J-3</b>	
<b>83</b>	
<b>84</b> City <b>Sanibel</b>	<b>85</b> Zip Code <b>FL 33951</b>

**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]* **ROBERT RATLIFF** DATE: **April 23, 1997**

**12. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	<b>DUCA, CHRIS J</b>	
STREET ADDRESS	<b>4718 SW 12TH PLACE, SUIT3 202</b>	
CITY-ST-ZIP	<b>CAPE CORAL 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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>L. SUSIE DUCA</b>	
13 STREET ADDRESS	<b>4718 SW 12TH PLACE, SUITE 202</b>	
14 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 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.

SIGNATURE: *[Signature]* DATE: **APR 14 1997** **9415400258**

CR2E034 (9/96)