

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

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90143 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000051656

1. Corporation Name
INTEGRATED TECHNOLOGIES OF SOUTHWEST FLORIDA, IN C.



Principal Place of Business: 3800 FOWLER BLDG 1 UNIT 1 FORT MYERS FL 33901 US
 Mailing Address: 1754 SANDY CIRCLE CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. Zip Country
 30. Zip Country

3. Date Incorporated or Qualified: 07/13/1994
 4. FEI Number: 65-0509512 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
DUCA, CHRISTOPHER J
1754 SANDY CIRCLE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City FL 85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUCA, CHRIS J | 1.2 NAME | |
| STREET ADDRESS | 4718 SW 12TH PLACE, SUIT3 202 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUCA, L SUSIE | 2.2 NAME | |
| STREET ADDRESS | 4718 SW-12TH-PLACE, SUITE 202 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE: _____ DATE: 4-27-99 DAYTIME PHONE #: (941) 275-4888

CR2E034 (11/98)