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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000068583 (1)

THE I.S. TECH TEAM, INC.

	Principal Place of Business 799 HAVANA DRIVE	Mailing Address 799 HAVANA DRIVE	
	BOCA RATON FL 33487	BOCA RATON FL 33487 US	DO NOT WRITE IN
			3. Date Incorporated or Qualified 09/14/1994
	2. Principal Place of Business 21 6408 NW 5TH WAY	28. Mailing Address 26 6408 NW 5 TH WA	4. FEI Number 65-0520203
	Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired
٠.	City & State 23 Ft. Lauderdole, FL	28 Ft. Landerdale, FL	Election Campaign Financing Trust Fund Contribution
	Zip Country 33309 25 (A.S.	Zip Country	8. This corporation owes or has paid to

FILED May 05 1998 8:00am Secretary of State



THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees the current year Intangible 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RUSSELL, STEVEN C 799 HAVANA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33487** 83 City 84 Zip Code 33 309 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agen) signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TOLE RUSSELL, DEBRA L NAME 1.2 NAME 799 HAVANA DR. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 HILE RUSSELL, STEVEN C 22 NAME NAME 799 HAVANA DR. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-\$1-ZIP 2. 4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition TITLE 5.1 TITLE 1000025126さ -05/06/98--01015--017 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***155.00 CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Addition TITLE 6.1 TALE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 64 CHY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

11.1.90