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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000068583**1. Corporation Name

THE I.S. TECH TEAM, INC.

Mailing Address Principal Place of Business 6408 NW 5TH WAY 6408 NW 5TH WAY

FT LAUDERDALE FL 33309

FT LAUDERDALE FL 33309

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90008 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/14/1994

2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0520203	No	t Applicable	
	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	I	
22		27			5. Certificate of Status Desired	Fee Re	equired	
City & State	,	City & State		_1	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip			Country		8. This corporation owes the curre	ent year Intangible		
¬ ' '			30		Personal Property Tax.			
24	9. Name and Address of Curre				10. Name and Address of New R	egistered Agent		
	3. Haile and Address of Con-		81	Name		<u> </u>		
RUSSELL, STEVEN C								
6408 NW 5TH WAY			82 Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33309			83					
FI. LAUDENDALE FL 33309			03					
	•		84	City	The second secon	85 Zip	Code ``	
						<u> FL</u>		
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 of 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								
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	gations of Section 607.0505, Flor	ida Statutes		Doğum or all octors. I florody dosap		-	
		-					· .	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).								
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1,1 TITLE	Ì	SA 676%	☐ Change	☐ Addition	
NAME	RUSSELL, DEBRA L	•	1.2 NAME		• • • • • • • • • • • • • • • • • • • •		}	
STREET ADDRESS	799 HAVANA DR.		1.3 STREET	T ADDRESS				
Į	BOCA RATON FL 33487		1.4 CITY-S	T. 7IP	•			
CITY-ST-ZIP TITLE	D .	□ DELETE	2.1 TITLE	· 	,	Change	☐ Addition	
		-	2.2 NAME	ļ		· ·	1	
NAMÉ	RUSSELL, STEVEN C			T ADDRESS		•	ļ	
STREET ADDRESS	799 HAVANA DR.				• • •		1	
CITY-ST-ZiP	BOCA RATON FL 33487	DELETE	2.4 CITY-8	51-ZIP		Change	Addition	
TITLE CONTRACT	atasa di Antikaga K	DELETE	3.1 TITLE		• • •		_	
NAME			3.2 NAME				*	
STREET ADDRESS	UNITED AND AND AND AND AND AND AND AND AND AN	•	3.3 STREE	T ADDRESS		高级的数据 15 g 19 c	235 14 78	
CITY-ST-ZIP	Marketine Control of the Control		3.4. CITY-5	ST-ZIP		to the state of th	h.C. Addition	
TITLE		☐ DELETE	4.1 TITLE			** → * 1.2\ ,\$3 🛅 Chànge	- (3 Addinou	
NAME			4. 2 NAME					
STREET ADDRESS	\$ 10 mm (p. 4)	feron 2	4.3 STREE	T ADDRESS	· .			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u></u>			
TITLE		DELETE	5.1 TITLE		• •	☐ Change	☐ Addition	
NAME	•		5.2 NAME			• • •		
			5.3 STREE	T ADDRESS	*		Í	
STREET ADDRESS	()		5.4 CITY-S	iT-ZiP	12 4 - 1 at 12			
CITY-ST-ZIP	Black Balance Sala Salata	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
TITLE	759 100113 - 7.		6.2 NAME					
NAME	BOSK BURLANTAS			T ADDRESS				
STREET ADDRESS	\$ 100 miles		- B				·	
CITY-ST-ZIP			6.4 CITY-S		Section 119.07(3)(i), Florida Statutes.	I further certify that the	information	
## 1 hanshire	soulifu that the information cumplied	with this filled does not disality to	me exemb	nın stateu III ə	36CUGH 13,0113HI, 1 10HUA SIAIUES.	, ,u,,,,		

indicated on this annual report or supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(1). 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.