

**PLEASE 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

*\$ 200-*

**DOCUMENT # P95000004066 (3)**

1. Corporation Name  
**INTELLIGENT TECHNOLOGY OF AMERICA, INC.**



Principal Place of Business  
**350 N. PINE ISLAND RD.  
LEVEL 2  
PLANTATION FL 33324**

Mailing Address  
**350 N. PINE ISLAND RD.  
LEVEL 2  
PLANTATION FL 33324**

3. Date Incorporated or Qualified **01/12/1995**      3a. Date of Last Report

4. FEI Number **65-0550878**      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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOODY, JONES & MONTEFUSCO, P.A.  
1333 S. UNIVERSITY DR.  
SUITE 201  
PLANTATION FL 33324**

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 607.1505, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REITMAN, HAROLD S</b>	
STREET ADDRESS	<b>350 N. PINE ISLAND RD., LEVEL 2</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMOROSO, TINO</b>	
STREET ADDRESS	<b>350 N. PINE ISLAND RD., LEVEL 2</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KARCINELL, BERNARD</b>	
STREET ADDRESS	<b>4740 S. OCEAN DR., #405</b>	
CITY - ST - ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VP ALL, PETER</b>	
4.3 STREET ADDRESS	<b>350 N. PINE ISLAND RD</b>	
4.4 CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**000001876630  
-06/26/96--01083--042  
\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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 if changed, or on an attachment with an address

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *nc 5/11/96*

CR2E034 (12/95)