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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT DE STATE

FILED

May 06 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000004066 (3) DOCUMENT

INTELLIGENT TECHNOLOGY OF AMERICA, INC.

Principal Place of Business Mailing Address 350 N. PINE ISLAND RD. PO BOX 16328 LEVEL 2 PLANTATION FL 33318-6328 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0550878 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Žip Country Country Zip This corporation owes or has paid the current year Intangible 30 Yes □ No Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOODY, JONES & MONTEFUSCO, P.A. 1333 S. UNIVERSITY DR. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 201** 83 **PLANTATION FL 33324** 84 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 Lorida. 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, typed or pented name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TO LE REITMAN, HAROLD S NAME 1.2 NAME 350 N. PINE ISLAND RD., LEVEL 2 STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP 1.4 CITY - ST - 7/P Addition DELETE ☐ Change TITLE 21 TITLE KARCINGLL, BEANARD NAME 2.2 NAME 4740 S. OCEAN BLUD # 401 HIGHLAND BEACH FL 33: ALAN AFRLMAN STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP Addition DELETE TITLE 3.1 TITLE 3.2 NAME 3110 NW SY AVE SUNAISE FL 33351 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 attaching of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

DELETE