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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P9500006896 (1)

Mailing Address

INTERNATIONAL TEAM CONSULTANTS, INC.

1600 SE ST LUCIE BLVD #408 1600 SE ST LUCIE BLVD #408 STUART FL 34996-4284 STUART FL 34996-4284 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1995 04/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0553722 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Z_{10} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🗌 No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, CHRISTIE 1600 SE ST LUCIE BLVD #408 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34996-4284 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature by a discipling of nanie of registered agent and billed appropable (NOTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TULE DELETE 1.1 TITLE ☐ Change Addition NAME KING, CHRISTIE 12 NAME CR2E034 1600 SE ST LUCIE BLVD #408 STREET ADDRESS 13 STREET ADDRESS STUART FL 34996-4284 CITY-ST-7/P 14 CITY - ST - ZIP DELETE HILL 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-Z# 2 4 CITY-ST-ZIP DELETE Change TIME 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZF 34. CITY-ST-ZIP DELETE TILE 4.1 TITLE ☐ Change Addition 4. 2 NAME

14. For hercby 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 efficer or or or to red for the conjugation 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

STREE! ADDRESS

STREET ADDRESS

STREET ADDRESS

Cith - ST ZIP

CHY-ST 7IP

011Y - S1 - Z/E

Table

TILLE

NAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16,1987

Change

Change

Addition

Addition

FILED

Jan 24 1997 8:00am

Secretary of State