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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500006896 (1)

INTERNATIONAL TEAM CONSULTANTS, INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- I (9)) 	MIST BEILT BE	110 01101 12110 10	TIO DITE LOGI
1600 SE ST LUCHE BLVD #408 STUART FL 34988-4284				1600 SE ST LUCIE BLVD #408 STUART FL 34996-4284			DO NOT WRIT	E IN THIS	SPACE		
								3. Date Incorporated or Qualified 01/26/1995		· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				65-0553722			ot Applicable
22				27				5. Certificate of Status Desired			Additional equired
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country				Zip Country				This corporation owes or has paid the current year Intangible			
24	25			9 30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A				Agent	
KIN	IG, CHRISTIE					81	Name			·	
1600 S E ST LUCIE BLVD #408 STUART FL 34996-4284						82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
SII	UAKI FL 3491	90-4284			ł	83					
					1	84	City			85 Zip	Code
44 5			00 100	7.4500 51 11 6		لـ	77.5		<u>Fl</u>	<u>- </u>	
office or re	egistered agent	t, or both, in the Stat	a of Florid	v. 1508, Florida Statut a. Such change was a Section 607.0505, Fl	authorized	l by	the corporation	ration submits this statement for the on's board of directors. I hereby according to the control of the control	purpose op pt the ap	ointment as	registered registered
SIGNATURE	Signature, typed or p	nrinted name of registried a	gent and title i	applicable (NOT	E: Registered	Age	ni signature required	d when reinstating)	DATE		
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	RS IN 12
TITLE	D			DELETE	1.1 TIT	LE				Change	Addition
NAME	KING, CHF			1.2 N							
STREET ADDRESS 1600 SE ST LUCIE BLVD #408				1.3 \$1			ADDRESS				
CITY-ST-ZIP STUART FL 34996-4284				1.4 C			r-ZiP				J
TITLE				DELETE	2.5 TIT	LE				Change	☐ Addition
NAME					2.2 NA	ME	ļ		·-		ļ
STREET ADDRESS	T ADDRESS			2.3 \$			ADDRESS				-
CITY-ST-ZIP							ST - ZIP				
TITLE				DELETE	3.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					3.2 NA	WE					
STREET ADDRESS					3.3 STF	REET.	ADDRESS				
CiTY-ST-ZIP					3.4. CI	Y-S	T-ZIP				
TITLE				☐ DEL ete	4.1 TIT	LΕ				Change	☐ Addition
NAME					4. 2 NA	ME					
STREET ADDRESS					4.3 STF	EET	ADDRESS				
CITY-ST-ZIP				- Decision	4.4 CIT		r-ZIP				
TITLE				☐ D€LETE	5 1 TIT(}			☐ Change	☐ Addition
NAME					5.2 NAI		l				
STREET ADDRESS							address				
CITY-ST-ZIP				DELETE	5.4 CIT		r-ziP			0	A delication
TITLE				DELETE	6.1 TIT					L. Change	☐ Addition
NAME					6.2 NA						
STREET ADDRESS							ADDRESS				,
CITY-ST-ZIP					6.4 CIT	Y - S1	r-ziP	440 07/0)/() F(- 10 to 100	

I hereby 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 attachment with an address.

SIGNATURE: V

Mac 8, 1998

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