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 # 1. Corporation Name INTT_INC.

NALL HAO		
Principal Place of Business	Mailing Address	
P. O. BOX 5294 HIALEAH FL 33014 US	P. O. BOX 5294 HIALEAH FL 33014 US	

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90055 033 ***150.00



	•									
Principal Place	e of Business	Mailing	Address					112 B1841 Q1812 1881	,, 16161 A111 1861	
P. O. BOX 5294		P. O. B(
HIALEAH FL 33014 US HIALEAH FL 33014 US							DO NOT WRITE IN TH	IIS SPACE	•	
00		•	•				3. Date Incorporated or Qualifed 06/02/1995			
2. Principal Pl	lace of Business	2a. Mai	ling Address				4. FEI Number	A	pplied For	
21		26					65-0569690	N	lot Applicable	
Suite, Apt. :	#, etc.	Suit	e, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State	e ·	City	/ & State				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year	Intangible		
24	25	29		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered	J Agent				10. Name and Address of New Register	d Agent		
, , , , , , , , , , , , , , , , , , ,	NE 150015 B		, - J		81	Name	•			
PENNIE, JEROME R 6380 MILKWAGON LANE					82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
	MILAKES FL 33014						2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	الأحر بعام بالمعارب	31 / 31 / 31 / 31 / 31 / 31 / 31 / 31 /	
MAIM	VII LANES FL 33014				83					
					84	City	<u></u>	85 Zip	Code	
<u> </u>		0 1 607 10	EOO Florido State	uton the el	have	named corn	eration aubmits this statement for the purpose	of changing it	s registered	
agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Si	uch change was tion 607.0505, Fl	autnonzeo Iorida Stati	utes.	ie corporatio	on's board of directors. Thereby accept the ap	oointment as r	egisterea	
	Signature, typed or printed name of registered ager				Agent s	signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ODS IN 12	
12.	OFFICERS AN	ID DIRECTO	DELETE	13. 1.1 TII	TI E		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	PENNIE, JEROME R			1.2 NA			•	_ ,	_	
NAME	2856 SHADY OAK COURT					DDDESS				
STREET ADDRESS	CLEARWATER FL 33761					ADDRESS				
CITY-ST-ZIP	CLEARWATER PL 33761		DELETE		TY-ST-	ZIP		☐ Change	. Addition	
TITLE			□ DELETE	2.1 TI				. □ Origingo		
NAME				2.2 NA						
STREET ADDRESS						NODRESS				
CITY-ST-ZIP			F DELETE	_	ITY-ST-	-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE			☐ DELETE	3.1 TI				LI Change		
NAME				3.2 NA						
STREET ADDRESS	TOWARD P.					ADDRESS				
CITY-ST-ZIP					ITY-ST	-ZIP		Charry	Addition	
TITLE			☐ DELETE	4.1 TF				- Change	Addition	
NAME		•		4. 2 N						
STREET ADDRESS	[· · · · · · · · · · · · · · · · · · ·	•	٠	4.3 ST	TREE! A	ADDRESS				
CITY-ST-ZIP	-				TY-ST-	ZIP				
TITLE	· · ·		☐ DELETE	5.1 TF				☐ Change	Addition	
NAME				5.2 N/		1.	<u>:</u> •	•		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			•		ADORESS	•			
CITY-ST-ZIP	la de la companya de				TY-ST-	ZIP				
TITLE	The April 19 of the Control of the C		☐ DELETE	6.1 TF				Change	a	
NAME	A CARLOTTIC CONTROL OF THE CARLOTTIC CONTROL O	•		6.2 N	AME	+				
STREET ADDRESS		•		6.3 S1	TREET A	ADDRESS				

14. 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 suppliemental 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 of 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.

SIGNATURE: