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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE

Sanora B. Morthami

Secretary of State

1996		DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name	P9500004	18470 (5)
INFOTECH BUSINE	SS SOLUTIONS, INC	C.
Principal Place of Business	Mail:	ng Adaress
6516 N.W. 99 LANE Parkland Fl 33067		6516 N.W. 99 LANE Parkland FL 33067



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Principal Place of	Business	Mailing Add	aress		, , , , , , , , , , , , , , , , , , , ,	1 (43)(43) 115 (414)				
6516 N.W. 99 LANE										
				KLAND FL 33067		3. Date incorporated or Qualified 38. Date of Last Report				
						3. Date Incorporated or 06/19/1995	Qualified	3a. Date	O LAST HE	port
2. Principal Placi	e of Business	2a. Mailing	Address			4. FEI Nuniber			L	pplied For
1		26	6			65-0592435				lot Applicable
Suite, Apt. #,	etc.	F	\pt. #, etc.			5. Certificate of Status (Desired			Additional Required
2		[27]			.	6. Election Campaign F	nancing			May Be
City & State		City 8 5	State			Trust Fund Contribut				i to Fees
3 Zip	Country	Zip		Countr		8. This corporation has			ax under s	199.032
4	25	29		30		Florida Statutes				
<u> </u>	9. Name and Address of Curre	ent Registered A	gent			10. Name and Address	of New F	legistered	Agent	
				81						
NOVIK,	MARC			82	Street Add	ress (P.O. Box Number is No	t Acceptat	ole)		
6516 N.W. 99 LANE					 					
PARKU	AND FL 33067		83		Ί					
				84	City			FL	85 Zij	o Code
	agnotive it grant or practed to the of registreed age	al hold the daspit wile.	(1.0)	III. H. getered Ag	in 1 signature reque	al wher remalatings		LIATE	- 1055077	250 141 16
12	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OF			
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certify that the information indicated on this arrors 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 adactiment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

954-344-3401

Daytree Shows #