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## 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 # P95000091839

1. Corporation Name

I-TECH ENTERPRISES, INC.

0 12011	ETTERN THOLO, MO									
Principal Place	e of Business	Mailing Address				1	i (OBIIAD) ije isto siii baii di	iii Ban Ban Ban I		\$1 <b>00</b> (11120 1611 1601
600 CLEVELAND ST. STE 750										
STE #750 CLEARWATER FL 34815							50.407.445		20105	
CLEARWATER FL SAGIS 33755 US 33744							DO NOT WRI	TE IN THIS	SPACE	
US						1	ate Incorporated or Qualifed 2/04/1995			
Principal Place of Business 2a. Mailing Address						4. F	El Number			Applied For
21		26				59	9-3351787			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.0	ertifcate of Status Desired			5 Additional
22 27						J. 0.			Fee	Required
City & State City & State						6. EI	ection Campaign Financing			0 May Be
23 28						Tr	rust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Country	/		1	nis corporation owes the curr	rent year Inta		
24	25		30				ersonal Property Tax.	D	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	1		10. N	ame and Address of New I	Registered #	.gent	
EUN	SON MOK T		61	"	lame					
EUNSON, JACK T 7437 BONAVENTURE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33607-5840				<b>↓</b>						
I AIM	FA FL 33007-3040		83	1						
			84	10	ity				85 Z	ip Code
				ļ	•			FL		
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut	thorized by	the	corporation	oration si n's board	ubmits this statement for the d of directors. I hereby acce	purpose of o	manging tment as	registered
SIGNATURE	Signature, typed or printed name of registered ager				nature required w	when reins	stating)	DATE		
12.		D DIRECTORS	13.				DITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE						Chang	ge Addition
NAME	EUNSON, JACK		1.2 NAME							
STREET ADDRESS:	1270 GULF BLVD, APT 1201		1.3 STREE	T ADD	DRESS					
CITY-ST-ZIP	CLEARWATER FL 33767		1	1.4 CITY-ST-ZIP						
TITLE		☐ DELETE	2.1 TITLE						Chang	ge Addition
NAME			2.2 NAME							ļ
STREET ADDRESS			2,3 STREE	T ADI	ORESS					
			2. 4 CITY-5							
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	J ( - 2 )	·				Chang	ge Addition
NAME		_	3.2 NAME							
STREET ADDRESS			3.3 STREE	TADE	DRESS					
CITY-ST-ZIP			34. CITY-5							
TITLE		DELETE	4 1 TITLE						Chang	ge Addition
NAME		_	4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADE	ORESS					
			4.4 CITY-S							1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	, ı - ZIF	-+-		····		☐ Chang	ge Addition
NAME		<u></u>	5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADI	ORESS					
			5.4 CITY-S		i					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE						☐ Chang	ge 🔲 Addition
NAME			6.2 NAME						_ `	_
STREET ADDRESS			6.3 STREE	TADO	ORESS					Ì
a I REE LAUURESS	I .									

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE: