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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000035888**1. Corporation Name

INFORMATION TECHNOLOGY RECRUITERS, INC.

Pri	10	i	oal	Place		of	8	iusit	usiness		
							_				

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90036 040 ***150.00



Principal Place	e of Business	Mailing Address							
105 LAKE EMERALD DRIVE #504 105 LAKE EMERALD DRIVE : OAKLAND PARK FL 33309 OAKLAND PARK FL 33309						DO NOT WRITE IN THE	COACE		
						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 04/23/1996			
2 Dringing D	lace of Business	2a. Mailing Addr	ress			4. FEI Number	A	pplied For	
Z. Principal P	lace of business	26				65-0660988	N.	ot Applicable	
2.0.0.0.0.0.0	4 -4-	Suite, Apt. #	etc				\$8.75	Additional	
Suite, Apt	#, etc.	—	, 010.			5. Certifcate of Status Desired		equired	
2		27 City & State				C. Election Compaign Financing	\$5.00	May Be	
City & Stat	e	⊢ ′				6. Election Campaign Financing Trust Fund Contribution		to Fees	
3		28		untn.				10 1 000	
Zip	Country	· · · · · ·	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.			
4	25	29	30			10. Name and Address of New Registered			
	9. Name and Address of Currer	nt Registered Agent	·-	81	Name	10. Name and Address of New Registered	/ Agont		
MOE	NADTY JOUR D ID	*		61	Name				
	RIARTY, JOHN P JR			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	LAKE EMERALD DRIVE #501					1. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
OAK	LAND PARK FL 33309			83					
				84	City		85 Zip	Code	
				04	City	FI	_		
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Flor	ida Statutes, the	above	-named corp	poration submits this statement for the purpose of	f changing it	s registered	
office or r	egistered agent, or both, in the State	of Florida. Such char	nge was authorize	ed by t	the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apportunity	ointment as r	egisterea	
agent. I a	im tartilar with hind accept the oblige					Tr. 1-28	-99		
SIGNATURE	110	nt and title if applicable.	(NOTE: Register		t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	- 7	DBS IN 12	
12. し		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	D			TITLE		and the second			
NAME	MARIARTY, JOHN P JR		1.2	NAME					
STREET ADDRESS	105 LAKE EMERALD DRIVE, #	504	1.3	STREET	ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33309		1.4	CITY-ST	r-ZiP				
TITLE			DELETE 2.1	TITLE			☐ Change	Addition	
NAME			2.2	NAME	ļ	•			
STREET ADDRESS			2.3	STREET	ADDRESS				
			: 2 4	CITY-S	T-7IP				
CITY-ST-ZIP		П		TITLE	·		☐ Change	☐ Addition	
TITLE	12.7	۵.		NAME		,			
NAME	State of the state				ADDDECC	المراجع	•	عادية. * • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				. CITY-S	IT-ZIP		Change	Addition	
TITLE		LJ		TITLE			بي د ن		
NAME				NAME					
STREET ADDRESS	:		4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP		770		
TITLE			1	TITLE			Change	Addition	
NAME			5.2	NAME					
STREET ADORESS	_		5.3	STREET	TADDRESS				
CITY-ST-ZIP	1 0		. 5.4	CITY-ST	T-ZIP				
TITLE	374 (8)		DELETE 6.1	TITLE			. Change	☐ Addition	
	the state of	_		NAME					
NAME	·				TADDRESS				
STREET ADDRESS	3		V .5	J 4000					

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 chapted, or or an attachment with an address, with all other like empowered.

SIGNATURE