COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90003 008 ***558.75

| OCUMENT # PO | 96000089578 |
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| GROUP INFOTECH, INC. | | | | | 1 | 1 1002/1007 (UE 78/20 BY)(2 88/2) 00)(1 88/14 B | 0.03: 101(0 :010) 0:1() 1000 (0): 1001 |
| | | | | | | | |
| ncipal Place | e of Business | Mailing Address | | | - | { | #181 (0)14 \$0181 01()} (000) (0)1 1061 |
|) S.E. 8TH AVENUE 900 S.E. 8TH AVENUE | | | | | | | |
| ITE #301 SUITE #301 | | | | | DO NOT WOITE IN TH | HC CDACE | |
| ERFIELD BEACH FL 33441 DEERFIELD BEACH FL 3344 US | | 41 | 1 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| , | | 00 | | | | 10/23/1996 | |
| Principal Place of Business 2a. Mailing Address | | | <u> </u> | | 4. FEI Number | Applied For | |
| 26 | | | | | | 65-0748709 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 27 | | | | | 5. Certificate of Civilia Desired | Fee Required | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5:00 May Be | |
| | | 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip 29 | Cou | nuy | | This corporation owes the current year Intangible Personal Property. | Yes No |
| | 25 9. Name and Address of Curren | 1-1 | 50 | | | 10. Name and Address of New Registere | |
| - | | | | 81 Name | | 0 0 1 | |
| | idolfi, Eugene G | | | 82 Street A | Addres | Eugewe 6. PANO | |
| | S.E. 8TH AVENUE | | | ou ou | 100.00 | ss (P.O. Box Number is Not Acceptable) | |
| SUITE #301 | | | | 83 | | | ! |
| UEE | RFIELD BEACH FL 33441 | | | 84 City (| | 0 = / | L 85 Zip Code 33496 |
| | | | _ | į į | 3 <u>00</u> | A RATON F | L 33496 _ |
| office or i | registered agent of both in the State. | of Fiorida, Such change was au | itnorizei | ov the corpu | orpora oration | tion submits this statement for the purpose of i's board of directors. I hereby accept the app | pointment as registered |
| agent. I a | am familiar with, and accept the obliga | ations of, section 607.0505, Flor | ida Stat | utes. | 11 | I Parcipert 91 | 1, 11860 |
| 3NATURE | Signature, typed organized name of registered agen | and title if applicable. (NOT | E: Registe | red Agent signatur | | ed when reinstating) OATE | 7777 |
| | | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| : | PSTD | DELETE | 1.1 TI | LE | P. | /D | Change Addition |
| 1 | PANDOLFI, EUGENE G | | 1.2 NA | | | | |
| ET ADDRESS | 55 555 555 557 777 557 557 557 557 557 | | | REET ADDRESS | | | |
| ST-ZIP | DEERFIELD BEACH FL 33441 | | - | ry-st-zip | | | |
| - | D TADUM MODMAN | DELETE | 2.1 TI 2.2 N/ | | | | Change Addition |
| | TAPLIN, NORMAN 515 NORTH FLAGLER DRIVE | SHITE 1600 | 1 | REET ADDRESS | | | |
| ET ADDRESS | WEST PALM BEACH FL 33401 | | 1 | TY-ST-ZIP | | | |
| ST-ZiP | DV | DELETE | 3.1 T/ | | | | Change Addition |
| | BARONOFF, PETER | · | 3.2 NA | ME | - | | |
| ET ADDRESS | 929 CLINT MOORE ROAD | | 3.3 57 | REET ADDRESS | | | 1 |
| ST-ZIP | BOCA RATON FL 33487 | | 3.4 CI | TY-ST-ZIP | | | 10 10 |
| : | | ☐ DELETE | 4.1 TI | LE | 4 | eta PANDOLFIS/1 | Change Addition |
| i | | | 4.2 N/ | ! | 0 | pose 8 TH Ave-Sui eenfield Beach FL | te 301 |
| ET ADDRESS | | | | REET ADDRESS | 70 | 0 3 2 0 7 AV C - 1 | 27001 |
| ST-ZIP | | | _ | ry-st-zip | ν | eentield beach FL | |
| | | ☐ DELETE | 5.1 TI | | | | Change Addition |
| : ET ADDDEGO | | | | ME REET ADDRESS | | | |
| ET ADDRESS | | | 1 | TY-ST-ZIP | | | |
| ST-ZIP | | DELETE | 6.1 Tr | | | | Change Addition |
| | | | 6.2 NA | ĺ | | | |
| | | | | 1 | | | |

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

GNATURE:

ET ADDRESS

GENERALIE 2018 - Part F. 9/1/199 954698-1020