

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90114 018 ***150.00

DOCUMENT # P96000090003

1. Corporation Name
INTERNATIONAL TELECOMMUNICATION SYSTEMS, INC.

Principal Place of Business

855 S. FEDERAL HWY
SUITE 209
BOCA RATON FL 33432
US

Mailing Address

855 S. FEDERAL HWY
SUITE 209
BOCA RATON FL 33432
US

2. Principal Place of Business

21 855 S. FED. HWY.

Suite, Apt. #, etc.

22 SUITE 215

City & State

23 BOCA RATON, FLORIDA

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 855 S. FED. HWY.

Suite, Apt. #, etc.

27 SUITE 215

City & State

28 BOCA RATON, FLORIDA

Zip

29 33432

Country

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1996

4. FEI Number

65-0709585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

IVESDAL, JOYCE S
1170 S.W. 21ST LANE
SUITE 801
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME RAMIREZ, ANGEL E

STREET ADDRESS 855 S FEDERAL HWY SUITE 209

CITY-ST-ZIP BOCA RATON FL 33432

TITLE ST ☐ DELETE

NAME IVESDAL, JOYCE S

STREET ADDRESS 1170 S.W. 21ST LANE

CITY-ST-ZIP BOCA RATON FL

TITLE VPCF ☐ DELETE

NAME IRON, M S

STREET ADDRESS 5540 SW 2 COURT

CITY-ST-ZIP PLANTATION FL 33317

TITLE C ☐ DELETE

NAME IVERSOL, TRYGVE A

STREET ADDRESS 1170 SW 21 LANE

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 855 S. FED. HWY., SUITE 215

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS IRONS, M. SCOTT

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS IVESDAL, TRYGVE A.

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. SCOTT IRONS

1/14/99

Date

561-338-9777

Daytime Phone #

0340523

CR2E034 (11/98)