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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARIMENT OF STATE

Sandra 8. Cortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090501 (3)

I.T.C. COMPUTING CORP.

Principal Place of Business

Mailing Address

4845 GARDNER LANE

4845 GARDNER LANE LAKE WORTH FL 33463-5324

SIGNATURE DE OFFICE MA

## **FILED** Jun 06 1997 8:00am Secretary of State



ENISE HOMBITCH	•	5 M. 170 M. 1 L 00 700 002 .						
					3. Date Incorporated or Qualified 10/31/1996	3a. Date	of Last R	eport
2. Principal Place	of Business	2a. Mailing Address		rila con	4. FEI Number		Ar	oplied For
11 4845	GARDNER LY	26 4845 P.O.	B03	540362	65-0707744		No	ot Applicable
Suite, Apt. #, et	c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>1</b> 2	\$8.75 / Fee Re	
City & State  LAKE	WORTH , FL	City & State  LAKE WOR	TH , F		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 3346	3 Country 0 5 A	Zip 29 33454-0502 30	Country	U.S.A.	8. This corporation has liability for in	intangible ta:		. 199.032,
9.	Name and Address of Current	Registered Agent			10. Name and Address of New Re	glstered Ag	ent	
MANES	H, MADJID (MIKE)		81	Namo				
- 4845 GARDNER LANE LAKE WORTH FL 33483				Street Addre	ss (P.O. Box Number is Not Acceptable)			
				83				
<b>h</b>			84	City		FL	<b>85</b> Zip (	Code
office or regist agent. I am far SIGNATURE	ared agent, or both, in the State of miliar with, and accept the obligat	of Florida, Such change was auli ions of, Section 607,0505, Florid	horized b da Statute	y the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	ot the appoir		
	ture, typed or printed name of registered agent			ont signature require		DATE		
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC			
TITLE (	CEO MADID(MIKE)	MANESH	1.1 TULE 1.2 NAME	-		L	_ Change	Addition
STREET ADDRESS	1845 GARDNER I AKE WORTH, 1	.N.	1.3 STREET	T ADDRESS				
CITY-ST-ZIP	AKE WASTH	33463	1.4 CITY - 1	ST - ZIP				
TITLE	7774	DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME	ļ				
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE	İ			Change	Addition
NAME			3.2 NAME	l				
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY -	S1 - ZIP				
TITLE		☐ DELETE	4.1 TITLE			L	_] Change	Addition
NAME			4. 2 NAME	]				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP				
TITLE		DELETE	51 TITLE			L	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	ST - ZIP				_
TITLE		DELETE	6.1 TITLE			L	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-3					
14. I do hereby ce information ind I am an officer	licated on this annual report or su	pplemental annual report is true he receiver or trustee empowere	or the exe and acc	emption stated urate and that r	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	l effect as if	made und	der oath: tha