

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103741 (0)

1. Corporation Name

INTELLIGENT TECHNOLOGY SOLUTIONS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 260485
TAMPA FL 33685-0485

P.O. BOX 260485
TAMPA FL 33685-0485

3. Date Incorporated or Qualified 12/26/1996	3a. Date of Last Report NA
4. FEI Number 59-343-8166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 10802 W Hillsborough Ave.

26 P.O. Box 260485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #304

27

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33615

25 USA

29 33685-0485

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name Corporation Service Company

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

1201 Hays Street

83

84 City Tallahassee.

FL

85 Zip Code 32301-2525

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOVELY, LEO	1.2 NAME	Lovely, Leo
STREET ADDRESS	10802 W HILLSBOROUGH AVE #304	1.3 STREET ADDRESS	10802 W. Hillsborough Ave. #304
CITY-ST-ZIP	TAMPA FL 33615-2538	1.4 CITY-ST-ZIP	Tampa, FL 33615-2536
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Brent A. Orchard
STREET ADDRESS		2.3 STREET ADDRESS	450 Monterey Point
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Cynthia Segraves Lovely
STREET ADDRESS		3.3 STREET ADDRESS	10802 W. Hillsborough Ave. #304
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33615-2536
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ann Mulligan
STREET ADDRESS		4.3 STREET ADDRESS	950 Monterey Point
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Cynthia Segraves Lovely
Cynthia Segraves Lovely 3/17/97 813-891-6529
Date Daytime Phone # 0007675

CR2E034 (9/96)