PROFIT
CORPORATION
ANNUAL REPORT
~~1997~~ 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 25 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000036763

1. Corporation Name
In Sight Technology Partners, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| One East Broward Blvd Ste 800 | |
| Ft Lauderdale FL 33301 | |

| | |
|---|---|
| 1. Date Incorporated or Qualified: 6/4/97 | 1a. Date of Last Report: N/A |
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |
| 4. FEI Number: 65-0744973 | Applied For ☐ / Not Applicable ☐ |
| 5. Certificate of Status Desired ☑ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

Bruce K Freek

**10. Name and Address of New Registered Agent**

81 Name: Bruce K Freek
82 Street Address (P.O. Box Number is Not Acceptable): One East Broward Blvd Ste 800
83
84 City: Ft Lauderdale **FL** 86 Zip Code: 33301

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: Bruce K. Freek, President
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Bruce K Freek<br>One East Broward Blvd Ste 800<br>Ft Lauderdale FL 33301 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>Lynn Freek<br>One East Broward Blvd Suite 800<br>Ft Lauderdale FL 33301 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>400000281184--6<br>-03/25/99--01053--024<br>****150.00 ****150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>William Hurley<br>One East Broward Blvd Ste 800<br>Ft. Lauderdale FL 33301 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Bruce K. Freek, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date