Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90010 008 ***150.00

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

DOCUI	MENT # P9800	0050914						
IT TECHNICAL STAFFING INC.								
Principal Place of Business Mailing Address						9101 Othur Bolko 18101	14041 DIGI 4004	
4122 WATROUS AVE 4122 WATROUS AVE TAMPA FL 33629 TAMPA FL 33629								
,,.,,,,	•				DO NOT WRITE IN TI	HIS SPACE		
					3. Date Incorporated or Qualifed 06/08/1998			
Principal Place of Business Za. Mailing Address					4. FEI Number	Apr	plied For	
26					59-3517685	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
27			_		produinate areas position	Fee Re	quired	
City & State City & State					6. Election Campaign Financing	\$5.00	- 1	
28					Trust Fund Contribution	Added to	o Fees	
Zip			Country	<i>'</i>	This corporation owes the current year			
24	25 29 30		30		Personal Property Tax.		□No	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent		
BEALE, JAMES R 4122 WATROUS AVE TAMPA FL 33629					ddress (P.O. Box Number is Not Acceptable)			
			84	City		85 Zip C	Code	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by rida Statutes	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	opointment as reg	jistered ———	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE		☐ D€LETE	1.1 TITLE		PIVIT/S	∑ Change	Addition	
NAME			1.2 NAME		TAMES K, BEALE			
STREET ADDRESS			1.3 STREET ADDRESS		4122 WATROUS AVE			
CITY-ST-ZIP			1,4 CITY-S	T-7IP	TAMPA, F1 33629		1	
TITLE		□ DELETE	2.1 TITLE			☐ Change	Addition	
NAME.		_	2.2 NAME				Ì	
	1		1	TADDRESS	·		1	
STREET ADDRESS			2.3 STREE	- 1				
CITY-ST-ZIP TITLE			3.1 TITLE	51-ZIP		☐ Change	☐ Addition	
		_ 022212	3.2 NAME				_	
NAME			4	T +0000000	•		<u> </u>	
STREET ADDRESS				TADDRESS			Ì	
C/TY-ST-ZIP		DELETE	3.4. CITY-1	ST-ZIP		Change	Addition	
TITLE			4.1 TITLE					
NAME			4. 2 NAME				l	
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			- Addition	
TITLE			5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME	[ì	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY+S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			1	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP