

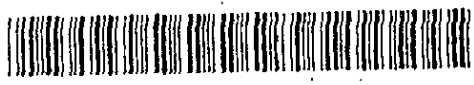
126199-90200-031-\$158.75-\$158.75

99/00 UBR
PROCEEDINGS OF THE DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
2000
The Honorable
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 PM 12:13

DOCUMENT # P98000087912
1. Corporation Name
INFORMATION TECHNOLOGY CENTER CORPORATION



Principal Place of Business
5724 N.W. 72 AVENUE
MIAMI FL 33166
Mailing Address
5724 N.W. 72 AVENUE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1998	
21		26		4. FEI Number 65-0999222	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, MARGARET 5724 N.W. 72 AVENUE MIAMI FL 33166		10. Name and Address of New Registered Agent	
81 Name Maria Soenz		82 Street Address (P.O. Box Number is Not Acceptable) 5724 NW 72 ave	
83		84 City Miami	
		85 Zip Code FL 33166	

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 _____ DATE _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	President
NAME	Morris, Margaret	1.2 NAME	Maria Soenz
STREET ADDRESS	5724 NW 72 ave	1.3 STREET ADDRESS	5724 NW 72 ave
CITY-ST-ZIP	Miami FL 33166	1.4 CITY-ST-ZIP	Miami FL 33166
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Maria Soenz
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/18/00
Daytime Phone #: 305-629-9585

CR2E034 (1/198)

INFORMATION TECHNOLOGY CENTER

5724 N.W. 72 AVENUE

MIAMI, FL. 33166

(305) 629-9585

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500

4-14-2000

To Whom It May Concern,

On April 29, 1999, I received a letter from your department stating that my Annual Report for INFORMATION TECHNOLOGY CENTER CORPORATION was not filed due to the fact that I had no FEI number. I did send a check for \$158.75, which your department kept. I marked the box that says that I have applied for a FEI, and sent it back to you within the 30 day time frame in the letter.

Since I heard nothing further from your offices, I assumed everything was ok. I just found out that my company was involuntarily dissolved. Since I sent the corrected form in last year, and you have my check for 1999, I am requesting that you waive all reinstatement fees and accept the attached 2000 renewal form and check in the amount of \$150.00.

Thank-you-in-advance for your efforts.

Sincerely,



Margaret Morris