**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000095551

1. Corporation Name

IT-OPTIONS, INC.

Principal Place of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,				
1402 E. LAS OLAS BLVD.	1402 E. LAS OLAS BLVD.							
SUITE 196 SUITE 196				00.007	MOSTE IN THE	CDACE		
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301			<u> </u>	DO NOT WRITE IN THIS SPACE				
				ite Incorporated or Qua	uned			
				1/12/1998				
2. Principal Place of Business	2a. Mailing Address		4/F	Number	205	- Industrial	plied For	
	26		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0054	2Ø5_		t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 C	artificate of Status Desir	ed 🗆	\$8.75 A		
22	27					Fee Re		
City & State	City & State	<u> </u>		ection Campaign Finan	cing 🖂	\$5.00		
23	28			ust Fund Contribution		Added t	o Fees	
Zip Country	Zip	Country	1	ils corporation owes the	current year int		<b>-</b> 4	
24 25	29 3	0		rsonal Property Tax.		☐ Yes	<b>∑</b> No	
9, Name and Address of Curre	nt Registered Agent		10. N	ome and Address of I	lew Registered	Agent		
PIGULARDON OF FOO		81 Nan	MBRIAN	FREDER	IKSEN			
-RICHARDSON, GEX ESQ.		82 Stre		Box Number is Not A		,		
450 E: LAS OLAS BLVD		-   - N	402 Fr	IST LAS	JLAS 1	0 لل		
-6UITE 950-		83 <	5. 1	161				
FT: LAUDERDALE FL-33301		24 27	JUILE	1-116		85 Zip S	`odo	
		84 City	FILA	DERDALE	: FL	.   "   3 3	300	
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State	02 and 607.1508. Florida Statutes	the above-nam	ed corporation s	bmits this statement fo	r the purpose of	changing its	registered	
office or registered agent, or both, in the State	of Florida. Such change was aut	horized by the co	proporation's boars	Lof directors. I hereby.	accept the appo	intment as reg	gistered	•
		In Christian		2	• •			1
agent. I am ramiliar with, and accept the obliga	ations of, Section cor. 0000, Floric	ia Siatutes.	1	1	_		}	
agent. I am ramiliar with, and accept the obliga	ations of, Section cor. 0000, Floric	T			12-29-			6
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SIGNATURE BRIAN FROMER IN Signature, typed or printed name of registered age  12. OFFICERS AI	SEN PRESIDENT (NOTE: R	egistered Agent signatu	ers required prints juice	all fail	12-29-	99		(44/08)
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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 inustee empowered to excelute 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 injusting like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME O

**FILED** 

Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90113 013 \*\*\*150.00