

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**  
09-21-1999 90013 041 \*\*\*555.00

**DOCUMENT # P98000097182**

1. Corporation Name

**INTEGRATED TECHNOLOGIES GROUP, INC.**



Principal Place of Business

Mailing Address

3317 NW 10 TERR. STE. 405  
OAKLAND PARK FL 33330

3317 NW 10 TERR. STE. 405  
OAKLAND PARK FL 33330

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**11/18/1998**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

**33444**

30

**U.S.**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☒

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

81 Name

**Judi L. Buxo' as President**

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

**108 J.E. 15th AVENUE**

83

84 City

**Delray Bch**

**FL**

85 Zip Code

**33444**

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

**Judi L. Buxo' as President**

**9/9/99**

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 **D** ☒ DELETE  
NAME **THOMAS, DAVID L**  
STREET ADDRESS **3317 NW 10 TERR, STE. 405**  
CITY-ST-ZIP **OAKLAND PARK FL 33330**

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **Don Herpin**  
1.3 STREET ADDRESS **108 J.E. 1st Ave.**  
1.4 CITY-ST-ZIP **Delray Bch, FL 33444**

TITLE **D** ☐ DELETE  
NAME **BUXO, JUDI L**  
STREET ADDRESS **3317 NW 10 TERR, STE. 405**  
CITY-ST-ZIP **OAKLAND PARK FL 33330**

2.1 TITLE **Partner** ☐ Change ☒ Addition  
2.2 NAME **Marie Herpin**  
2.3 STREET ADDRESS **108 J.E. 1st Ave.**  
2.4 CITY-ST-ZIP **Delray Bch, FL 33444**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

**Judi L. Buxo' as President**

**1-561-441-0319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0063608