

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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90184 004 \*\*\*150.00

DOCUMENT # S21374

1. Corporation Name

INNOVATIVE COMPUTER TECHNIQUES, INC.

Principal Place of Business

185 14TH PLACE SW  
VERO BEACH FL 32962  
US

Mailing Address

1225 45TH CT SW  
VERO BEACH FL 32968  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1990

4. FEI Number

65-0236115

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, GEORGE G., JR.  
756 BEACHLAND BLVD  
VERO BCH FL 32963

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P ☐ DELETE

NAME WOOD, DEBORAH J.  
STREET ADDRESS 580 W FOREST TRAIL  
CITY-ST-ZIP VERO BEACH FL 32962

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

STREET ADDRESS

3.1 TITLE

CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

3.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

4.1 TITLE

CITY-ST-ZIP

4.2 NAME

TITLE ☐ DELETE

NAME

4.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

5.1 TITLE

CITY-ST-ZIP

5.2 NAME

TITLE ☐ DELETE

NAME

5.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

6.1 TITLE

CITY-ST-ZIP

6.2 NAME

TITLE ☐ DELETE

NAME

6.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Deborah J. Wood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/99 (561) 778-0220

Date

Daytime Phone #

CR2E034 (11/98)