

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S76923 (9)

95 FEB 24 AM 11:14

1. Corporation Name
INTEGRATED DATA TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
321 NORTHLAKE BLVD. **321 NORTHLAKE BLVD.**
SUITE 118 **SUITE 118**
NORTH PALM BEACH FL 33408 **NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/29/1991 **02/22/1994**

4. FEI Number Applied For
65-0293837 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 has liability for intangible tax under S. 109.032, Florida Statutes Yes No

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 30

9. Name and Address of Current Registered Agent

BELL, JAMES ROBERT, II
321 NORTHLAKE BLVD.
SUITE 118
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

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

83 **SUITE 118**

84 City 85 Zip Code

FL

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

TITLE D

NAME **GALLO, RICHARD ARTHUR**

STREET ADDRESS **8204 LITTLE BETH DR., E**

CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE D

NAME **BELL, JAMES ROBERT, II**

STREET ADDRESS **837 DOGWOOD RD.**

CITY - ST - ZIP **N. PALM BEACH FL**

TITLE D

NAME **CABASSI, JAVIER W.**

STREET ADDRESS **8034 SW 135 CT.**

CITY - ST - ZIP **MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.071(4), 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 registrar or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Robert Bell II* **J. Robert Bell II** 2/19/95 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
842-9917