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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$78781

1. Corporation Name

	IN TECHNOLOGY CORPORA	non mo.		
Principal Place	e of Rusiness	Mailing Address		# 1081/019 151 1880) 1816 1808 10501 1501 41015 B1051 01811 81011 01911
		_		
2431 ESTANCIA BUILDING B	4 BLVU	2431 ESTANCIA BLVD BUILDING B		
CLEARWATER FL 34621		CLEARWATER FL 34621		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed
				09/05/1991
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 200 E	EMERALD BAY DRIVE	26 200 EMERALD	BAY DRIVE	59-3083227 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be
23 OLDSN	MAR, FLORIDA	28 OLDSMAR, FL		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24 34677		29 34677 3	o Pinellas	Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
SILV	ERS, LARRY		81 Name	_
1	LESTANCIA BLVD		82 Street A	Address (P.O. Box Number is Not Acceptable)
	DING-B		201	· EMERALD PAY DY.
	ARWATER FL 34821		83	•
CEB	ANTIATER PL 34021		84 City	85 Zip Code
				LDSMAR FL 34677
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named o	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				1-25-99
SIGNATU	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistøred Agent signature re	
12.	Signature: typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature re. 13. 1.1 TITLE	740.00 17701.10.00.00
12.	Signature: typed or printed name of registered agent OFFICERS AND DP SILVERS, LARRY	and title if applicable. (NOTE: R	egistered Agent signature re- 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12.	OFFICERS AND DP SILVERS, LARRY 2431 ESTANCIA BLVD	and title if applicable. (NOTE: R	egistered Agent signature re. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AND DP SILVERS, LARRY 2431 ESTANCIA BLVD CLEARWATER FL	and title if applicable. (NOTE: R D DIRECTORS DELETE	egistered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RChange Addition 200 EMERIND BRY R. OLDSMAL, FL. 34677
12. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND DP SILVERS, LARRY 2431 - ESTANCIA BLVD CLEARWATER FL VP	and title if applicable. (NOTE: R	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP SILVERS, LARRY 2431 ESTANCIA BLVD CLEARWATER FL VP SILVERS, GINA	and title if applicable. (NOTE: R D DIRECTORS DELETE	egistered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RChange Addition 200 EMERIND BRY R. OLDSMAL, FL. 34677
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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 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 or amount of the corporation of the corporation of the corporation of 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 or amount of the corporation of the c

6.4 CITY-ST-ZIP

SIGNATURE: 6

STREET ADDRESS

CITY-ST-ZIP

SAS REQUIRED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR