

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED *pg102*  
AND  
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1997 APR 30 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V02975** (3)  
1. Corporation Name  
**ITC GLOBAL COMPUTER SERVICES, INC.**



Principal Place of Business <b>1903 W COPANS RD POMPANO BEACH FL 33064</b>	Mailing Address <b>1903 W COPANS RD POMPANO BEACH FL 33064-1517</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/23/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0331072</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent <del>JOHN H. HUH</del> <del>1925 NE 45 ST, SUITE 205</del> <del>FT. LAUDERDALE FL 33306</del>		10. Name and Address of New Registered Agent	
		81 Name <b>Richard L. Shulman</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1903 West Copans Road</b>	
		83	
		84 City <b>Pompano Beach</b>	85 Zip Code <b>FL 33064</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>6</del> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P, S, T, D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD L. SHULMAN</b>	1.2 NAME	<b>Richard L. Shulman</b>
STREET ADDRESS	<b>14502 VIA ROYALE</b>	1.3 STREET ADDRESS	<b>1903 W. Copans Road</b>
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY- ST- ZIP	<b>Pompano Beach, Florida 33064</b>
TITLE	<del>PT</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUMACHER, GEORGE J</b>	2.2 NAME	
STREET ADDRESS	<b>1903 W. COPANS ROAD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>800002160178--8</b>
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: *[Signature]* President **4/29/97** (954) 975-0970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 348950 170487A

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 165.00

ORDER DATE : April 30, 1997

ORDER TIME : 10:15 AM

ORDER NO. : 348950-015

CUSTOMER NO: 170487A

CUSTOMER: Richard Rossi, Esq  
Rossi & Associates Attorney Pa  
Penthouse 3  
1700 E. Las Olas Blvd.  
Fort Lauderdale, FL 33301

ANNUAL REPORT FILING

NAME: ITC GLOBAL COMPUTER  
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS:

RECEIVED  
97 APR 30 AM 11:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA