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

FILED Jan 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** J12789 (0) INTERNATIONAL ADMINISTRATIVE SERVICES, INC. Principal Place of Business Mailing Address 230 CROWN OAK CENTRE DRIVE 230 CROWN OAK CENTRE DRIVE LONGWOOD FL \$2750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2674027 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOMPSON, LUCY PHILLIPS DAVID) CROWN OAK CENTRE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City Zip Code LONGWOOD above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. Lang familiar with, and accept the obligations of, Section 607.0505, Florida poard of directors. I hereby accept the appointment as registered e of regis gred agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Addition Change TITLE 1.1 TITLE PHILLIPS, DAVID 1.2 NAME NAME 250 CROWN OAK CENTRE DRIVE STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made undor oath, that I am an wered to execute this eport as required by papter 607, Florida Statutes; and that my name appears in

ied with this filing does

mental annual report is true

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I hereby certify that the information seindicated on this annual report or sur

officer or director of the corporate Block 12 or Block 13 if changed.

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