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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MOS 956

**FILED** Aug 12, 1998 8:00 am Secretary of State

AALL About IXS, INC.			
Principal Place of Business Mailing Address			
Deer Field Bh, P. 224			DO NOT MIDITE IN THIS SPACE
Deer Field Beh, Pl. 22		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified,	
	3344/		12-14-1984
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number Applied For
21 26		59250/23/ Not Applicable	
Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	27   City & State		6. Election Campaign Financing - \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip . Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29 3	0	Personal Property Tax due June 30 Yes No  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10.			iv. Hame and Address of their neglistered Agent
SEELLY, LA,//LEXIN	5	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
Seeley, Keith	P. ,	5treet Addre	ess (F.O. Box Number is Not Acceptable)
1424 SF 14 to	HVE	83	
DeorField Rh Al	33441	84 City	FL 85 Zip Code
11 Purplied 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 Stonature, typed or grinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE			
Signature, typed or printed name of registered agent  12. OFFICERS AND		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ST. ST.	DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME GOOTEYS Seith	Pod	1.2 NAME	
STREET ADDRESS 9 254 6 ettysby	17 1 2 2 2 1 3 4	1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA BOCA	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE NAME	100	2.7 MLE 2.2 NAME	- Only
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP	/ 	2_4 CITY-ST-ZIP	
TITLE V Co. 2 love (	DELETE.	3 1 THTLE	— ☐ Change ☐ Addition
NAME 500/04 C//	1 / 000 1-	3 2 NAME	
STREET ADDRESS 1424 SE	D 2344/	3 3 STREET ADDRESS	1 1
TITLE DEPT TO DEA	DELETE	3 4 CITY-ST-ZIP 4 1 TITLE	Addition
NAME FRES, -	Sooley	4. 2 NAME	4/1 8/1 <i>)</i>
STREET ADDRESS CATTORING		4 3 STREET ADDRESS	N made L
NAME STREET ADDRESS CITY-ST-ZIP TITLE Deen Field But	WB CO	4 4 CITY-ST-ZIP	Change Addition
Deen Field Bu	3341	5 1 TITLE	Change L Addition
TYCAPIL	. 2577	5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	200002615702° -08/13/9801103047
CIDELL ADDRESS		6.3 CIRFET ADDRESS	ーリ6/13/36ーーU11U3ーーU4/

14. I hereby certify that the information exposed 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 of 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 conformation or the receiver or trustee empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or the analysis of the conformation of the conformation

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY - ST - ZIP

\*\*\*165.00