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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90060 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000057353

1. Corporation Name
INBS DATA SERVICES, INC.

Principal Place of Business
**11900 BISCAYNE BLVD STE 200-
 MIAMI FL 33181**

Mailing Address
**11900 BISCAYNE BLVD STE 200-
 MIAMI FL 33181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
#503

26 Suite, Apt. #, etc.
#503

23 City & State

28 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
06/30/1997

4. FEI Number
65-0766656

Applied For
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, LINDA M
 11900 BISCAYNE BLVD STE 200
 MIAMI FL 33181**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD KOCH, ROGER L**
 STREET ADDRESS **2137 HIBISCUS CIR**
 CITY-ST-ZIP **NO MIAMI FL 33181**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **STD TRIPODO, ANTHONY J**
 STREET ADDRESS **1131 NE 97 STREET**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D CHISHOLM, JOHN**
 STREET ADDRESS **850 NE 123 STREET**
 CITY-ST-ZIP **NO MIAMI FL 33161**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D GLEITSMANN, ROBERT J**
 STREET ADDRESS **1801 S TREASURE DR #302**
 CITY-ST-ZIP **NO BAY VILLAGE FL 33141**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D MOUSSA, GEORGE**
 STREET ADDRESS **520 NW 60TH COURT**
 CITY-ST-ZIP **MIAMI FL 33126**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **AS SMITH, ESQ LINDA M**
 STREET ADDRESS **11900 BISCAYNE BLVD, STE 200**
 CITY-ST-ZIP **MIAMI FL 33181**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger L Koch* SIGNATURE REQUIRED: **Roger L Koch, President 1/15/99 (305)893-5997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)