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

Mailing Address

269 RIDGEVIEW DRIVE

PALM BEACH FL 33480

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000082829**1. Corporation Name

Principal Place of Business 269 RIDGEVIEW DRIVE

2. Principal Place of Business

PALM BEACH FL 33480

INFORMED DECISIONS INTERNATIONAL CORPORATION

21		26			65-0783840		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	****		5. Certifcate of Status Desired		\$8.75 A	
22 City & State		City & State			- F		¢E OO	
 ′	e . ·	⊢ ` · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	, ,
23		28	Country					71 663
Zip	Country	Zip	¬ ´		8. This corporation owes the cur	rent year int		□No
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New	Dogietorod		<u></u>
	9. Name and Address of Current		81	Name	10. Name and Address of New	Registered	-yent	
DETE	RICK, KALLE	gadi (eser Anders) in la la facilità	"	Name				
	RIDGEVIEW DRIVE	翻, 61程度设置。	82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
	INDOCTION DINAC		<u> </u>		<u> </u>		in a light of the second	100 m m 1 m 1 m 1
PALI	M BEACH FL 33480		83				排除的	
	• •		84	City	1	4 (14) 1 (1)	85 Zip C	ode
			اتا	City		FL	,	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	iorized by	the corporation	on's board of directors. I hereby acce	pt the appoi	ntment as reg	istered
agent. i a	m familiar with, and accept the obligation	ons or, Section 607.0505, Florida	a Statutes.	-				
SIGNATURE	Signature, typed or printed name of registered agent	and little if enviloable (NOTE: Re	nenA bereite	t signature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.	t signaturo roquiros	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		11. \$1.138 h		Change	Addition
	• ,		1.2 NAME	}	, 174 (. 749			
NAME	PETRICK, KALLE					•		
STREET ADDRESS	269 RIDGEVIEW DRIVE		1.3 STREET	1	•		•	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST	T-ZIP				D Addison
ΠΙLE	D	☐ DELETE	·2.1 TITLE				Change	Addition
NAME	PETRICK, JANE A		2.2 NAME					
STREET ADDRESS	269 RIDGEVIEW DRIVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480	The state of the s	2. 4 CITY-S	T-ZIP		`.		
TITLE	Server Commencer	DELETE	3.1 TITLE		* * * * * * * * * * * * * * * * * * * *		Change	Addition
NAME			3.2 NAME					
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12 ₀	Parametric Parametric Control		3.4. CITY-S	T. ZIP			\$ 15.6	
CITY-ST-ZIP TITLE		□ DELETE	4.1 TITLE		(3) (3)	5 8.71	☐ Change	Addition
_	<u> </u>	<u></u>	4.2 NAME					- •
NAME	The Contract of the Contract o	FR 64 5		. ADDDECC				
STREET ADDRESS		Carlos Sept. 1	4.3 STREET					
-CITY-ST-ZIP		□ OCLETE	4.4 CITY-S	T-ZIP			☐ Change	Addition
TITLE		☐ DELĒTĒ	5.1 TITLE	ĺ			☐ Change	☐ Vocation
NAME		~	5.2 NAME		€, , , , , , , , , , , , , , , , , , ,			
STREET ADDRESS	gn_		5.3 STREET	•	of the same			
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TITLE	7 Y 1 1 1 2 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	☐ DELETE	6.1 TITLE		-		Change	Addition
NAME	Start Miller Black		6.2 NAME			,>		
STREET ADDRESS	PARESTANTO, TAND		6.3 STREET	TADORESS	·			
CITY-ST-ZIP	l tj		6.4 CITY-S	T-ZIP				
Unit-ai-ZP	1		-	ı				

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90040 014 ***150.00

DO NOT WRITE IN THIS SPACE

	Date Incorporated or Qualifed 09/23/1997	-'	•	
4.	FEI Number		. At	plied For
	65-0783840	; '	<u>; </u>	t Applicable
5.	Certificate of Status Desired		\$8.75	Additional equired
6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
8.	This corporation owes the cur Personal Property Tax.	rent year In	tangible ☐ Yes	□No
10.	Name and Address of New	Registered	Agent	
(F	P.O. Box Number is Not Accept	table)	The place of the	- 1475 M - 1741 - 1767
		à à la company		
		Fi	85 Zip	Code
en r	pard of directors. I hereby acce	DATE		
	ADDITIONS/CHANGES TO OF	FFICERS A	ND DIRECTO	ORS IN 12
		FFICERS AI		
		FFICERS AI	☐ Change	Addition
		FFICERS AI	☐ Change	Addition
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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 order attachment with an address, with all other like empowered.

SIGNATURE: