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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 524386

1. Corporation Name

MIAMI FL 33166-1612

FACTUAL BUSINESS INFORMATION, INC.

Principal Place of Business Mailing Address 8300 NW 53RD STREET #204 8300 NW 53RD STREET #204

MIAMI FL 33166-1612

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90206 001 ***150.00



DO NOT WRITE IN THIS SPACE

2. Mailing Address	İ			- /				3. Date Incorporated or Qualified 01/25/1977	
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Suite, Apt if, etc. Suite, Apt if, etc. Suite, Apt if, etc. Suite, Apt if, etc. 27	— ·	— ·							
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9. Name and Address of Current Registered Agent BERGER, ALAN 2522 GOLF VEND DR WESTON FL 33327 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11- Pursuant to the provisions of Sections 807.0502 and 807.1508_Florida Statutes. The above-named corporation submiss. This statement for the purpose of changing its registered agent. I am maillar with, and accept the obligations of Sections 607.0505. Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. NAME DELETE 15. STREET ADDRESS CITY ST. 2P MAMM FL DELETE 21. TITLE DELETE 22. STREET ADDRESS CITY ST. 2P DELETE 33. STREET ADDRESS CITY ST. 2P DELETE 34. TITLE 22. NAME 33. STREET ADDRESS CITY ST. 2P DELETE 34. TITLE 22. NAME 33. STREET ADDRESS CITY ST. 2P DELETE 34. TITLE 34. TITLE 35. CARREST ADDRESS CITY ST. 2P Change Addition Addition Addition Addition Addition ADDRESS 35. STREET ADDRESS CITY ST. 2P Change Addition ADDRESS ADDRESS CITY ST. 2P Change Addition ADDRESS ADDRESS CITY ST. 2P Change Addition ADDRESS ADDRESS ADDRESS CITY ST. 2P Change Addition ADDRESS ADDRESS ADDRESS CITY ST. 2P Change Addition ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY ST. 2P Change Addition ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY ST. 2P Change Addition ADDRESS AD	<u> </u>					illy			
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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 15 fue 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 of the expowered 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 exactness of the corporation or the receiver of the corporation or the receiver of the expowered 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 exactness of the corporation of the receiver of the corporation of the corporat

SIGNATURE:

ME OF SIGNING OFFICER OF DIRECTOR