


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

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90041 001 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849946

1. Corporation Name
INTERNATIONAL LIAISON, INC.

Principal Place of Business
**3413 CHANTARENE DRIVE
PENSACOLA FL 32507**

Mailing Address
**3413 CHANTARENE DRIVE
PENSACOLA FL 32507**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

75-1509149

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

**CAMPBELL, FRANK W.
3413 CHANTARENE DR.
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE
PTD
NAME
CAMPBELL, FRANK W JR
STREET ADDRESS
3413 CHANTARENE DR
CITY-ST-ZIP
PENSACOLA FL

☐ DELETE

TITLE
SD
NAME
CAMPBELL, JANET
STREET ADDRESS
3413 CHANTARENE DR
CITY-ST-ZIP
PENSACOLA FL

☐ DELETE

TITLE
PTD
NAME
CAMPBELL, FRANK W JR
STREET ADDRESS
3413 CHANTARENE DR
CITY-ST-ZIP
PENSACOLA FL

☐ DELETE

TITLE
PTD
NAME
CAMPBELL, FRANK W JR
STREET ADDRESS
3413 CHANTARENE DR
CITY-ST-ZIP
PENSACOLA FL

☐ DELETE

TITLE
PTD
NAME
CAMPBELL, FRANK W JR
STREET ADDRESS
3413 CHANTARENE DR
CITY-ST-ZIP
PENSACOLA FL

☐ DELETE

TITLE
PTD
NAME
CAMPBELL, FRANK W JR
STREET ADDRESS
3413 CHANTARENE DR
CITY-ST-ZIP
PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JANUARY 99 850 453 4684
Date Daytime Phone #

CR2E034 (11/98)