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 # F61870 THE INFORMATION CRAFTSMAN, INC.

(4)

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			DIÐIN ÐIÐAN ÐIÐAN ÐAÐIN ÐAÐIN ÞÆÐI
P O BOX 80-0636	P O BOX 80-0636			
MIAMI FL 33280	MIAMI FL 33280			
US	US		DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
			01/25/1982	
2. Principal Place of Business	2a. Mailing Address	0/26	4. FEI Number	Applied For
21 PO BOX 80-0636 2	<u> </u>	0636	59-2170162	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 2				Fee Required
City & State AVENTURA, FL. 2	B AVENTURA,	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year intangible
24 33280 25 US 2		کل آ	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Reg	gistered Agent	······································	10. Name and Address of New Registers	ed Agent
SCHWARTZ, TERRENCE S		81 Name		
141 NE 3 AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STE. 601				
MIAM# FL 33132		83		
		84 City		85 Zip Code
		'	F	L
 Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Fe 	orida. Such change was aut	thorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I am familiar with, and accept the obligations	s of, Section 607.0505, Florid	da Statutes.		
SIGNATURE Signature, typed or printed name of registered ager4 and	GIO Z AND CHOICE	Registered Agent signature requ	uired when reinstating) DATE	
oldumina typea or burner name or reasone agent and				
12. OFFICERS AND DIF		~		
12. OFFICERS AND DIF	ILCTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE DS	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE T	ADDITIONS/CHANGES TO OFFICERS A	
NAME BOROD, RENEE	ILCTORS	13. 1.1 TITLE T	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME BOROD, RENEE STREET ADDRESS 19195 NE 36 CT #610	ILCTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS (9	ADDITIONS/CHANGES TO OFFICERS A SOROD, REVIEE 1195 NE 36 CT -#610	ND DIRECTORS IN 12
ITILE DS NAME BOROD, RENEE STREET ADDRESS CITY-ST-ZIP DS BOROD, RENEE 19195 NE 36 CT #610 MIAMI FL	ILCTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP A	ADDITIONS/CHANGES TO OFFICERS A SO SO D , REVIEE 9195 NE 36 CT -#610 NVENTURA, FL. 33180	ND DIRECTORS IN 12
TITLE DS NAME BOROD, RENEE STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE PDT	TECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A SOROD, REVIEE 9195 NE 36 CT -#610 NVENTURA, FL. 33180	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE DS NAME BOROD, RENEE STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE PDT NAME BOROD, PHILIP A	TECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A SOROD, REVIEE 9195 NE 36 CT -#610 NVENTURA, FL. 33180	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE DS NAME BOROD, RENEE STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE PDT NAME BOROD, PHILIP A 19195 NE 36 CT #610	TECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 15 CY	ADDITIONS/CHANGES TO OFFICERS A SO SO DO REVIETE 9195 NE 36 CT -#610 NUENTURA, FL. 33180 DOT BOROD, PHILIP 9195 NE 36 CT -#610	ND DIRECTORS IN 12 ☐ Change ☐ Addition
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

PHILIP BUROD PRES. W/12/98 3059352930