## 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

	MENT # F9300( INDO MARKETING SERVICE		)			
Principal Plac	e of Business	Mailing Address				JI <b>( Digi) dilio d</b> ilio dilib dilib dilib
6846 S CANTON 6846 S CANTON						
STE 110						
TULSA OK 74138		TULSA OK 74136			DO NOT WRITE IN 1	HIS SPACE
US		us			<ol> <li>Date Incorporated or Qualified</li> <li>12/14/1993</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 73-1435581	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			¢0.75 4.45	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zıp	Country	Zip	Count	ry	8. This corporation owes or has paid th	e <b>curr</b> ent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	ered Agent
	CORPORATION SYSTEM		В	1 Name		
1200 <b>S</b> OUTH PINE ISLAND ROAD PLANTATION FL 33324			8	2 Street /	Address (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City		85 Zip Code
						FL
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state					WE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	CEOD DELETE		1.1 TITLE			Change Addition
NAME	FIELD, LAWRENCE D		1.2 NAME			
STREET ADDRESS	6846 S CANTON STE 110		: 1.3 STRE	ET ADDRESS		
CITY - ST - ZIP	TULSA OK		1.4 CITY		· · · · · · · · · · · · · · · · · · ·	
TITLE	P DODERT	DELETE	2.1 TITLE	-		Change Addition
NAME	LUTTMAN, ROBERT		2.2 NAM			
STREET ADDRESS	6846 S CANTON STE 110		2.3 STRE	et address		
CITY-ST-ZIP	TULSA OK 74136	D per Fre	2. 4 CITY			
TITLE	VCFO	☐ DELETE	3 1 TOLE			Change Addition
NAME	LIVELY, DORVIN		3.2 NAME			
STREET ADDRESS	6846 S CANTON STE 110		33 STRE	ET ADDRESS		
CHTY-ST-ZIP	TULSA OK		3.4. City 4.1 Title			
THTLF		☐] DELETE				Change Addition
NAME			4 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	Control		4.4 CITY-			Change Addition
TITLE		DELETE	5.1 TITLE	,		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	- <del></del>	DELETE	5.4 CITY-			Change   Ladeline
TITLE		L] DELETE	6.1 TITLE	i		Change Addition
NAME			6.2 NAM8			
STREET ADDRESS			6 3 STREI	1 ADDRESS		

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 logal effect as if made under oath; that I am an officer or director of the corporation 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.

1.101/90

Q10,1191,21100

**FILED** 

Sep 17 1998 8:00am

Secretary of State