

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002812 (4)**

1. Corporation Name

ISSUES & ANSWERS NETWORK, INC.

Principal Place of Business

Mailing Address

**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**

**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

62-1341814

Applied For

Not Applicable

6. 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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DINET, JON
15300 IMPERIAL ST
BONITA SPRINGS FL 33923**

81 Name

Sandra Yeyati

82 Street Address (P.O. Box Number is Not Acceptable)

2289 Harbour Walk Circle

83

Apt 321

84 City

Naples

FL

85 Zip Code

34109

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]

Signature, typed or printed name of registered agent, if not filed of applicant

(NOTE: Registered Agent signature required when reinstating)

3/28/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCGUINNESS, PETER J
STREET ADDRESS	2017 BAY ROAD
CITY-ST-ZIP	VIRGINIA BEACH VA
TITLE	D
NAME	BALDI JR, JOSEPH F
STREET ADDRESS	14 ARMOND COURT
CITY-ST-ZIP	HOLMDALE NJ
TITLE	D
NAME	RUBENSTEIN, LAWRENCE
STREET ADDRESS	27 WILMOT CIRCLE
CITY-ST-ZIP	SCARSDALE NY
TITLE	VS
NAME	LINDEMANN, CARLA
STREET ADDRESS	1 IPSWICH AVE, 328
CITY-ST-ZIP	GREAT NECK NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

[Signature]

2/4/98

CR2E034 (10/97)