

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90007 037 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F97000004875**
 1. Corporation Name
INFORMATION DECISIONS, INC.



Principal Place of Business Mailing Address
4695 44TH ST **4695 44TH ST**
STE B-130 **STE B-130**
GRAND RAPIDS MI 49512 **GRAND RAPIDS MI 49512**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		38-2902506	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUMONT, ANDREW 7616 SOUTHLAND BLVD, SUITE 105B ORLANDO FL 32806				81 Name Franz Budel			
				82 Street Address (P.O. Box Number is Not Acceptable) 8007 Canyon Lake Circle			
				83			
				84 City Orlando		85 Zip Code FL 32835	

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 *Franz Budel* **FRANZ BUDEL** DATE **8/7/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEETLAND, MARK	1.2 NAME	
STREET ADDRESS	3280 EAGLE PARK DR NE	1.3 STREET ADDRESS	4695 44th St Ste B-130
CITY-ST-ZIP	GRAND RAPIDS MI 49525	1.4 CITY-ST-ZIP	Grand Rapids, MI 49512
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERFORD, TIM	2.2 NAME	
STREET ADDRESS	6666 E. 75TH ST, SUITE 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	2.4 CITY-ST-ZIP	
TITLE	CFOV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANEY, JOSEPH P	3.2 NAME	
STREET ADDRESS	3280 EAGLE PARK DR NE	3.3 STREET ADDRESS	4695 44th St Ste B-130
CITY-ST-ZIP	GRAND RAPIDS MI 49525	3.4 CITY-ST-ZIP	Grand Rapids, MI 49512
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANEY, JOSEPH P	4.2 NAME	
STREET ADDRESS	3280 EAGLE PARK DR NE	4.3 STREET ADDRESS	4695 44th St Ste B-130
CITY-ST-ZIP	GRAND RAPIDS MI 49525	4.4 CITY-ST-ZIP	Grand Rapids, MI 49512
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISTOL, ANDY	5.2 NAME	
STREET ADDRESS	6666 E. 75TH ST, SUITE 110	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	5.4 CITY-ST-ZIP	
TITLE	CAS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANSK, JAN	6.2 NAME	
STREET ADDRESS	3280 EAGLE PARK DR NE	6.3 STREET ADDRESS	4695 44th St Ste B-130
CITY-ST-ZIP	GRAND RAPIDS MI 49525	6.4 CITY-ST-ZIP	Grand Rapids, MI 49512

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: *JANE YANSK* **JANE YANSK** Date **7.20.99** Davline Phone # **616 957 2330**

CR2E034 (5/99)