PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. C	corporation	MENT # F98000(INTERSEARCH CORPORAT		/							
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110							DO NOT WRIT	TE IN THIS	SPACE		1
							te Incorporated or Qualifed				
20 Mailing Address							I/15/1998 I Number		Δn	plied For	1
2. 1 111000 11 22011			2a. Mailing Address	ig Address			3-1674124		<u> </u>	t Applicable	1
26 Suite Apt. # etc. Suite, Apt. #, etc.								\$8.75 Additional		1	
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22 27 City & State City & State						6. Ek	ection Campaign Financing		\$5.00	May Be	i
23	_		28		_ <u></u> _	Tn	ust Fund Contribution		. Added 1	o Fees	ļ-
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24		25	29 3	<u> </u>			ersonal Property Tax.	lagistared :	Yes	□N0	1
		8. Name and Address of Current	Registered Agent	- B1	Name	10, Na	ama and Address of New F	cediara.ed	- Agent		1
l	CTI	CORPORATION SYSTEM		الله الله							1
-		SOUTH PINE ISLAND ROAD		82	Street	Address (P.O.	Box Number is Not Accepta	sble)			
PLANTATION FL 33324					<u> </u>						1
Į				83	<u></u>				C-10-5	D-A-	-
ł				84	City			FL	85) Zip	Code	1
	Pursuant t	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes	the abov	e-named	corporation su	ibmits this statement for the	purpose of	changing its	registered	1
'''	office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida, Such change was auti	norized by a Statute	the corpo	oration's board	d of directors. I hereby accep	ot the appoir	ument as re	gistered	l
		m ramiliar with, and accept the obligati	Cons Oi, Decidit out account initia		•						1
SIGI	NATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	ut ejäuspnie u	required when reinst	tating)	DATE			
12.	<u> </u>	OFFICERS AND								00 111 40	∮ģ
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NAME				1,1 TITLE	<u> </u>	CFO	DITIONS/CHANGES TO OF		D DIRECTO	PRS IN 12	1 (41/09)
STREE			☐ DELETE	1,1 TITLE 12 NAME		CFO Rick	Carbone	FICERS AN		ORS IN 12	1007 (44/00)
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FRANCE

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 cartify 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 open attachment with an address, with all other like empowered.

SIGNATURE:

GNING OFFICER OR DIRECTOR

FILED Jul 22, 1999 8:00 am Secretary of State 07-22-1999 90011 028 ***150.00