Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90079 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State --DIVISION OF CORPORATIONS

DOCUMENT #	F98000003212
A Character Manager	

1. Corporatio	n Name IDGE KNOWLEDGE SYSTE	MS CORPORATION			A MARINARA AKAR ERDERE MANEL BAREN ARAN ARAN ARAN ARAN ARAN ARAN	10 mm2 H67	f olola olar dari
Principal Plac	ce of Business	Malling Address			- I INTERIOR AND COLUMN SOUTH AND	78 1111 4 1146	***************************************
P.O. BOX 4225 HOUSTON TX		P.O. BOX 42250 HOUSTON TX 77242-225	0		DO NOT WRITE IN THIS SI	PACE	
					3. Date Incorporated or Qualified		
					06/08/1998		<u></u>
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 76 - 0 < 54813	<u> </u>	plied For
21		26			10-033-107		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional equired
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intan	gible	
24	25	29	30		Personal Property Tax. '	Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Registered Ag	jent	
	era malitara		٤	11 Name			
	(ER, RICHARD		Į.	2 Street Add	ress (P.O. Box Number is Not Acceptable)		*
	7 oak grove dr. Arwater FL 34624		L		<u></u>		
CLE	ARMATER PL 34024		[13			
			1	4 City	FL	85 Zip	Code
					FL)	anging its	registered
11. Pursuant office or i	t to the provisions of Sections 607.05 registered agent, or both, in the Stati	802 and 607.1508, Florida Stat e of Florida. Such change was	utes, the abo authorized b	y the corporati	poration submits this statement for the purpose of chor's board of directors. I hereby accept the appointment of the property	ment as re	gistered
agent. I a	am familiar with end accept the oblig	ations of, Section 607.0505, F	llorida Statul	85.	Feb. 15, 199	19	
SIGNATURE	Signature, typed or printed name of registered as	need must hitle of standards (NO	TE: Davislavan A	gent signature require	ad when reinstation) DATE	1	
12.		ND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	CPD	☐ DELETE	1.1 Ti7Li			☐ Change	Addition
NAME	WHITE, ROLAND		1.2 KAM	E			
STREET ADDRESS	3721 BRIAR PARK #100		1,3 STR	ET ADORESS			
CITY-ST-ZIP	HOUSTON TX 77042	<u> </u>	1,4 CITY	-ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITL			Change	Addition
NAME	JONES, MARILYN	•	2.2 NAM	E	•		
STREET ADDRESS	3721 BRIAR PARK #100		2.3 STR	ET ADORESS			
CITY-ST-ZIP	HOUSTON TX 77042			-ST-ZIP		704	T Addition
TITLE	S	☐ DELETE	3.1 TITL		L	Change	Addition
NAME	WHITE, PAT		3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77042			-ST-ZIP		Change -	Addition
TITLE		DELETE		i i			
NAME			4.2 NAV	ET ADDRESS			
STREET ADDRESS	·		4.4 CITY	l l			
CITY-ST-ZIP TITLE	<u> </u>	. DELETE	51 TITL			Change	Addition
NAME		_ 5222.10	52 NAM	I .		-	
STREET ADDRESS				ET ADDRESS			
	7		5,4 CITY	ST-ZIP			
TITLE		DELETE	6.1 TITLE		[Change	☐ Addition
NAME		<u></u>	6.2 NAM	:			
STREET ADDRESS			6.3 STRE	ET ADORESS			
				1 .			

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 chapter or an antaccurrent with an autreps, with all other like empowered.