## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # J49919

(0)

ISLAND DATA SERVICES, INC.

Principal Place of Business         Mailing Address           4320 6TH ST SO         1923 16TH ST. N.           P O BOX 10166         P O BOX 10166           ST PETERSBURG FL 33705         ST PETERSBURG FL 33733					
US		of referring to the source		3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1987 05/01/1995	
2. Principal Place of Business		28. Mailing Address 26		4. FEI Number Applied For 59-2756170 Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, e	to.	5. Certificate of Status Desired Status Desired Fee Required	
Crty & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ 29	Country  [30]	This corporation has liability for intangible tax under s 199.032,     Flonda Statutes Yes No	
<u> </u>	9. Name and Address of Currer	it Registered Agent	81 Nan	10. Name and Address of New Registered Agent	
MCINTYRE, ROBERT L 4320 6TH ST. SO ST PETERSBURG FL 33705				reet Address (P.O. Box Number is Not Acceptable)	
01 1 211	Eliopolia i E 20100				
			84 City	FL 85 Zip Code	
or registered familiar with SIGNATURE	the provisions of Sections 607,0605 dagent, or both, in the State of Floring and accept the obligations of, Sectionative isjeed or protection of four-translations.	da Such change was au .on 607.0505, Florida St	thorized by the corporation	ad corporation submitts this statement for the purpose of changing its registered office on's board of directors. I hereby accept the appointment as registered agent. I am	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	L 1 fine	☐ Change ☐ Addition	
NAME	MCINTYRE, ROBERT L. P.O. BOX 10186		1.2 NAME		
STREET ADDRESS	ST. PETERSBURG FL		1.3 STREET ADDRES		
CITY-ST-ZIP		☐ DELETE	1 4 CHY+SF-ZIP 2 1 THE	Change Addition:	
TITLE		[_] better	2 2 NAME	ond igo vidential	
NAME STREET ADDRESS			2 3 STREET ADORES	224	
CITY-ST-ZIP			2.4 CHY-ST-7IP		
TITLE		DELETI		Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORE	RESS	
CITY-ST-ZIP			3.4 C/1Y - ST - Z/F		
TITLE		DELETI	E 4 1 TTLF	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRE	RESS	
CITY+ST-ZIP			44C/Tr-ST-7P		
TITLE		☐ DELETI		☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORE		
CITY - ST - ZIP TITLE		DELET	54 CI*Y+ST+ZIP 6 1 DILE	Change Addition	
NAME		□ better	62 NAME	C overage C reported	
STREET ADDRESS			6.3 STREET ADDRE	RESS	
CITY-ST-ZIP			6.4 C/TY - ST - Z/P		
14. I do hereby	tha information indicated on the ann	nal report or surprisonent	ly furnished and does not	t qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further ad accurate and that my signature shall have the same legal effect as if made under cecute this report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE: All THE FILE NAME OF SIGNING OFFICER OR DIRECTOR

03/96 (N3)897-2220