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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J60988

FLORIDA INFORMATION ASSOCIATES, INC.

Principal Place	of Business	Ma	iling Address				- \$ 10071(10 \$150 015)(04)()		1)	IINI AIDII AIBII	\$1811 8(B() 1381
% CONNIE J. BEANE 2007 W. INDIANHEAD DRIVE TALLAHASSEE FL 32301			% Connie J. Beane 2007 W. Indianhead Drive Tallahassee Fl 32301				DO NO	T WRIT	E IN THIS	SPACE	
THE WAY OLD						•	3. Date Incorporated or Q 03/10/1987	ualifed			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			A	oplied For
21		26					<u>59-2785179</u>				ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Des	sired		*	Additional
22	<u> </u>	27									equired
City & State	9		City & State				6. Election Campaign Fina	-			May Be
23		28	<u></u>				Trust Fund Contribution		<u> </u>		to Fees
Zip	Country	\vdash	Zip	Coun	ıry		8. This corporation owes t		ent year in	tangible Yes	□No
24]	25	29	tored Amont	30	_		Personal Property Tax. 10. Name and Address of		egistered		
	9. Name and Address of Currer	nt Regis	tered Agent		81 N	ame	10. Name and Address of	1101111	cgisiciaa	ngons	
RFAN	NE, CONNIE J										
	W. INDIANHEAD DRIVE			1	82 S1	treet Addı	ress (P.O. Box Number is Not a	Accepta	ble)		
	AHASSEE FL 32301			h	B3						
• • • • • • • • • • • • • • • • • • • •								,			
	-			[1	B4 Ci	ity			FL	85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	ia. Such change was a	iutnonzea i	ov the	med corp corporation	oration submits this statement on's board of directors. I hereb	for the y accep	nurnose of	changing its	s registered egistered
agont, i a											
-	•										
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if appikable. (NOTE	E: Registered A		nature require	d when reinstating)	TO 051	DATE	UD DIRECTO	DDQ IN 12
SIGNATURE	Signature, typed of printed name of registered age	nt and title	f applicable. (NOTE	E: Registered A	gent sign	nature require	nd when reinstatung) ADDITIONS/CHANGES	TO OF			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND	nt and title	if appikable. (NOTE	E: Registered A	gent sign	nature require		TO OF		ND DIRECTO	DRS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850)878-0188

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90139 024 ***150.00