

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90119 009 ***150.00

DOCUMENT # L53001

1. Corporation Name

FUTURE INFORMATION RESEARCH SYSTEMS TECHNOLOGIES
, INC.



Principal Place of Business

129 HERON PARKWAY
ROYAL PALM BEACH FL 33411
US

Mailing Address

129 HERON PARKWAY
ROYAL PALM BEACH FL 33411
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1990

4. FEI Number

65-0173307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00-May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 600 SANDTREE DR

Suite, Apt. #, etc.

22 # 210C

City & State

23 PALM BCH GDNS, FL

Zip

24 33403

Country

25 USA

2a. Mailing Address

26 600 SANDTREE DR

Suite, Apt. #, etc.

27 # 210C

City & State

28 PALM BCH GDNS, FL

Zip

29 33403

Country

30 USA

9. Name and Address of Current Registered Agent

HERRON, JOSEPHINE
129 HERON PARKWAY
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME PITCHFORD, GARY LEE
STREET ADDRESS 129 HERON PARKWAY
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VS ☐ DELETE

NAME MYSZKOWSKI, JON
STREET ADDRESS 129 HERON PARKWAY
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE PT ☐ DELETE

NAME HERRON, JOSEPHINE
STREET ADDRESS 129 HERON PARKWAY
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

600 SANDTREE DRIVE #210C
PALM BCH GDNS, FL 33403

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

600 SANDTREE DRIVE #210C
PALM BCH GDNS, FL 33403

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

600 SANDTREE DRIVE #210C
PALM BCH GDNS, FL 33403

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

JOSEPHINE HERRON

4/10/99 775-7579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)