SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FILED ROFIT FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Katherine Harris 99 JUL 12 MIII: 23 Secretary of State DIVISION OF CORPORATIONS 1999 LLEFELARY OF STATE WALLAN AUSSE, FLORIDA **DOCUMENT #** INFOTEAM, INC. Principal Place of Business Mailing Address % BARBARA ALLEN % BARBARA ALLEN P.O. BOX 15640 P.O. BOX 15640 PLANTATION FL 33318-2640 DO NOT WRITE IN THIS SPACE PLANTATION FL 33318-2640 3. Date Incorporated or Qualified 03/21/1990 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0190893 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property. Yes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALLEN, MERTON Street Address (P.O. Box Number is Not Acceptable) 82 9560 NW 18TH DR **PLANTATION FL 33322** 83 RA 85 Zip Code 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 any accept the obligations of the corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligations of the corporation of SIGNATURE DATE (2/66)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE DELETE 100002940411--ALLEN, BARBARA 1.2 NAME 9560 NW 18TH DR 13 STREET ADORESS STREET ADDRESS \*\*\*\*150.00 PLANTATION FL \*\*\*\*150.00 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME ALLEN, MERTON 2 2 NAME 9560 NW 18 DR STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 24 CITY-ST-ZIP Change Addition TITLE DELETE 31 TiTLE 32 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6 1 TITLE TITLE DELETE Change Addition 6.2 NAME NAME STREET ADDRESS 63 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 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 ennual 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 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 appear in Block 12 or Block 13 if changed, or or go, attgchment with an address. 6/30 SIGNATURE:



## InfoTeam Inc.

MERTON ALLEN ASSOCIATES P.O. Box 15640, Plantation, FL 33318-5640 Phone (954) 473-9560, Fax (954) 473-0544 ENGINEERING \* CONSULTING \* PUBLISHING \* TECHNICAL INFORMATION

June 30, 1999

Department of State Division of Corporations P.O. Box 1500 Talahassee, FL 32302-1500

We just received your 2nd Notice packet for 1999 Profit Corporation Anual Report.

On April 23, 1999, we filed this report with your office, enclosing our corporate check No. 1164, for \$150.00. A photocopy of both the form and the check is attached.

Upon receiving the 2nd notice, we checked our latest bank statement (for May) and found that Check No. 1164 was not debited. Therefore, we assume that our original form and check were lost, either in the mail or by your office after receipt.

We trust that the photocopy of the original form and our new check No. 1235, for \$150.00 (attached) will suffice. In the event that you need an original signature and not a photocopy, we are also including a newly signed copy of the form.

Sincerely,

Merton Allen President

encl: as stated