Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90134 043 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

INDINITY DATA CYCTEMS INC

IMENALI (	DATA STSTEMS, INC.						
Principal Place	e of Business	Mailing Address				† 01011 8481\$ 818\$1 01814 016	TSI MINIS IMMI
432 NE 3RD AVENUE FT LAUDERDALE FL 33301 US  432 NE 3RD AVENUE FT LAUDERDALE FL 33301 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/15/1985			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26 125 S.E	LM	<u>۲7</u>	59-2587284	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27 4/2				Fee Rec	
City & State	е	City & State	0.0	~ NC	6. Election Campaign Financing	\$5.00 N Added to	• 1
23	Country	28 GREENS	Country	0, 1, 4	Trust Fund Contribution  8. This corporation owes the current y		, rees
Zip	Country			SA	Personal Property Tax.		□No
24	g, Name and Address of Curren		NU	<u> </u>	10. Name and Address of New Regis	tered Agent	
	5. Italia alla Facilità di Californi		81	Name			
FRONK, JOHN P				Ctroot Addro	ess (P.O. Box Number is Not Acceptable)	<del>_</del>	
432 NE 3RD AVE			82	Street Addre	ss (F.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33301			83				
			84	City	·	85 Zip C	ode
				1		FL   T	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	honzed by	the corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing its reg	istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Age	nt signature required	when reinstating)	DATE.	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	RAFFERTY, JACK		1.2 NAME			•	}
STREET ADDRESS	432 NE 3RD AVE		1.3 STREE	TADORESS			}
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-S	T-ZIP			
TITLE	•		2.1 TITLE	<b> </b>		Change	☐ Addition
NAME	RAFFERTY, CONSTANCE		2.2 NAME				
STREET ADDRESS	432 NE 3RD AVENUE			TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-1	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	
NAME			3.2 NAME				ĺ
STREET ADDRESS				TADDRESS		_	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-1	ST-ZIP		☐ Change	Addition
TITLE		□ vcrcic	4.1 TITLE				ا العدادات
NAME			4. 2 NAME	TADDOCÉS			ł
STREET ADDRESS				T ADDRESS	•		}
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-28		☐ Change	Addition
NAME			5.2 NAME			.— -	_
INVIE				1			- 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 suppliemental 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 on an attachment with an address, with all other like empowered.

☐ DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

Change