


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N94000001148 (5)
1. Corporation Name
FLORIDA INFORMATION BUREAU, INC.



Principal Place of Business: **1906 MCCOY RD. ORLANDO FL 32809-7820**
Mailing Address: **1906 MCCOY RD. ORLANDO FL 32809-7820**

3. Date Incorporated or Qualified: **03/08/1994**
4. FEI Number: **59-3376322**
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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**RILEY, MARK
1906 MCCOY RD.
ORLANDO FL 32809-7820**

10. Name and Address of New Registered Agent
81 Name: **MARGARET P. BUMMARA**
82 Street Address (P.O. Box Number is Not Acceptable): **1906 MCCOY RD**
83
84 City: **ORLANDO** FL 85 Zip Code: **32809**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Margaret P. Bummara* DATE: **2/9/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, MARK	1.2 NAME	P/T/D MARGARET P BUMMARA
STREET ADDRESS	1906 MCCOY RD.	1.3 STREET ADDRESS	1906 MCCOY RD
CITY-ST-ZIP	ORLANDO FL 32809-7820	1.4 CITY-ST-ZIP	ORLANDO FL 32809-7820
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUMMARA, JOHN	2.2 NAME	D FLORENCE GLASGOW
STREET ADDRESS	1906 MCCOY RD.	2.3 STREET ADDRESS	1906 MCCOY RD
CITY-ST-ZIP	ORLANDO FL 32809-7820	2.4 CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JOAN	3.2 NAME	
STREET ADDRESS	1906 MCCOY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809-7820	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Bummara* **John BUMMARA** DATE: **2/9/98** 407 438 3825

CP2E037 (10/97)