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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

ANN	UAL REPOI <b>1998</b>	श 🎉	DIV	Secretary of State DIVISION OF CORPORATIONS				Secretary of Star	te
DOCU 1. Corporation	MENT #	P03591	l (	5)	<u>.</u>				
INTER-	AMERICA D	ATA, INC.							
Principal Place of Business Mailing Address									
P.O. BOX 120		P.O. BOX 1284							
LAWRENCEVI	ILLE GA 30246	LAWRENCEVILLE GA 30246					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	
2. Principal P	Place of Busines	c	2a, Mailing Ad	drapp				10/04/1984 4. FEI Number Applied F	
21	ideo or pushics	.5	26 Naming Act	0.655				4. FEI Number Applied F. S8-1430751 Not Applie	
Suite, Apt.	#, <b>e</b> lc.	Suite, Apt. #, etc.					SR 75 Addition		
22	<del></del>	27					5. Certificate of Status Desired Fee Required		
City & Stat	te		City & State	e				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	· L	Country	Zip		Cour	ntry		This corporation owes or has paid the current year Intangible	
24								Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						81	Name	10. Name and Address of New Registered Agent	
	DRAN, JOHN	<b>`</b> c							
405 SW 10 PLACE VERO BEACH FL 32962					82 Street Add			Iress (P.O. Box Number is Not Acceptable)	
					Ī	83			
					-	84	City	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a						0) (0	nomed ser	FL!!	
office or r	registered agent	t, or both, in the State of	of Florida. Such cha	inge was a	uthorized	l by	the corporat	polation's board of directors. I hereby accept the appointment as register	erea
SIGNATURE	en rannosi mon,	and decept the obliga	tions of decelor ba	7.0300,110	rioa otati	ilco.	•		
	Signature, typed or p	winted name of registered agen		(NOTE		Ager	it signature requir	ired when reinstating) DATE	
12.	PD	OFFICERS AND		DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change	
NAME	MILLER, S1	TEPHEN M.	۵.	DECE 14	1.2 NA			Citatige C Au	UICIDE?
STREET ADDRESS	4405 CLAC						ADDRESS		
CITY-ST-ZIP	<u>A</u> UBURN G	iA .			1.4 CIT	Y-ST	- ZiP		
TITLE	VTD	_		DELETE	2.1 1111	.E		Change Ad	dition
NAME	MORAN, JO				2.2 NAM	ИE			
STREET ADDRESS	405 SW 10						ADDRESS		
CITY-ST-ZIP TITLE	SD SEA	Un FL		DELETE	2. 4 CIT 3.1 TITE		- ZIP	☐ Change ☐ Ado	dition
NAME	MILLER, BO	ONNIE C.		, , , , , , , , , , , , , , , , , , ,	3.2 NAN		i	C Change C Au	UNION
STREET ADDRESS	4405 CLAC						ADDRESS		
CITY-SY-ZIP	<u>AU</u> BURN G				3.4. CIT				
TITLE				DELETE	4.1 TITL	.E		Change Add	dition
NAME					4. 2 NA	ME			
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP TITLE			Пг	ELET <b>E</b>	4.4 CITY 5.1 TITL		- ZIP	☐ Change ☐ Adv	lition
NAME			<b>.</b>		5.1 MAN			onange Axx	uitiOII
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					5.4 CITY				
TITLE			c	DELETE	6.1 TITL			☐ Change ☐ Add	ition
NAME					6.2 NAN				
STREET ADDRESS					6.3 STRI	EET A	DDRESS		

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 eccurate 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 of the receiver of trustee employered 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 approximation.

**FILED** 

Mar 03 1998 8:00am