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

DOCUMENT	#	P26269
1. Corporation Name		

1. Corporation	Name LOZOO					p. 112
IOS CAPITAL, INC.						i Tik
100 0/1	1176, 1140.				a imasi mas di Maria mana di Angara mana a mana a	BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI IBBL
					THE REPORT OF THE PROPERTY OF	
Principal Place	a of Rusings	Mailing Address			L INDIINDI IIN IININ DIIIN ALUIN KIKAN KUKA HUKA	81814 81811 81814 81814 81811 1881
		_				
% IKON OFFICE	e solutions Ream parkway	% IKON OFFICE SOLUTIONS 70 VALLEY STREAM PARKWAY				
MALVERN PA 1		MALVERN PA 19355			DO NOT WRITE IN THI	S SPACE
m/leve/little	~~~	WALTERN TO TOO			3. Date Incorporated or Qualifed	
					10/02/1989	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 1738 P		26			23-2493042	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc				\$8.75 Additional
22		27			5. Certificate of Status Desired [Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5,00 May Be
23 Maco		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country		8. This corporation owes the current year to	
ZIP 31210	25) USA	29 30	ĺ		Personal Property Tax	[]Yes []No
<u> </u>	9. Name and Address of Current		' (10. Name and Address of New Registered	
			81	Name		·
CT C	CORPORATION SYSTEM		أدما		The second secon	
1200 S. PINE ISLAND ROAD		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
PLAY	NTATION FL 33324		83			
			84	City	E	85 Zip Code
41 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutas	. I I	named c	The support of the statement for the our open	t changing its registered
office or r	egistered agent, or both, in the State of	Florida Such change was author	orized by	the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appropriate the control of the control	ointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes			
SIGNATURE	Signature typed or printed name of registered agent	. Targetter			pared when refrishing DATE.	
12.	OFFICERS AND		13.	Signaturio	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE	7	[DELETE	11 Table	1	ADDITIONAL OF THE OFFICE AND A STATE OFFICE AND A STATE OF THE OFFICE AND A STATE	[] Change [] Addition
NAME	QUINN, J F		1.2 NASJE	ł		
STREET ADDRESS	70 VALLEY STREAM PARKWAY		13 STREET	ADDOE (900002819	55894
	MALVERNS PA 19355	1			-03/23/99	
CITY-ST-ZIP TITLE	P 1933	[] DELETE	14 CHY-ST 21 TollE	. 2141	****150,00	**** 50 . Addition
NAME	MAIER, RICHARD P.	E3 Octore		Ì		[] Shange [] Polation
	4168 CANYON RD.	1	2.2 NAME	ADMINER		
\$TREET ADDRESS		1	23 STREET	1		
CITY-ST-ZIP	MACON GA	[] DELETE	2.4 City-8	1.70		Clorona Clear
TITLE	S MARIEW MARIE IA	L.) DECE 1E	31 TITLE	}		[] Change [] Addition
NAME	KINNEY, KARIN M	j	3.2 NAME	1		
STREET ADDRESS	70 VALLEY STREAM PARKWAY	<u>j</u>	3.3.51RECT			
CITY-ST-ZIP	MALVERNS PA 19355	and the second of the second o	34 CITY-S	r-ZiP		
TITLE	D	El Decete	4.1 TiTLE	1		[1] Change [1] Addition
NAME	DINKILACKER, KURT E DINJE	elocker, white.	4 2 NAME			ļ
STREET ADDRESS	70 VALLEY STREAM PARKWAY	í	4.3 STREE 1	ADDRESS		!
CRY-ST-ZIP	MALVERN PA 19355		4.4 CITY-ST	-200		
тпф		["] DELETE	51 TILE	1	uice Aesidonal Duder, micrael H	[] Change Made tion
NAME		1	5.2 NAME	ļļ	Diger Wichaet Hy	
STREET ADDRESS			53STREET	ADDRESS	70 Wiley Stream Parkus	uz

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting 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 cath, 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.

64 Cil Y-ST-261

6.2 NAME 63 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

[] DELETE

alaj99

malucini, PA 1935S

600820 BELOW