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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000010934 (6)

1. Corporation Name

ARMIGERON INFORMATION SERVICES, INC.

Principal Place of Business

185 NW SPANISH RIVER BLVD
STE 200
BOCA RATON FL 33431
US

Mailing Address

185 NW SPANISH RIVER BLVD
STE 200
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

4. FEI Number

65-0392915

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 466 HARDWOOD PLACE

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FL

24 Zip 33431

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

WHEELUS, CHARLES R JR
466 HARDWOOD PLACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WHEELUS, CHARLES R. JR.
STREET ADDRESS 466 HARDWOOD PLACE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD ☐ DELETE

NAME SHAHOUD, RYAN
STREET ADDRESS 466 HARDWOOD PLACE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD ☐ DELETE

NAME CONNER, SEAN
STREET ADDRESS 3845 NW 35TH ST
CITY-ST-ZIP COCONUT CREEK FL 33036

TITLE VSD ☐ DELETE

NAME LOVEJOY, KAYE
STREET ADDRESS 801 SW 7TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33315

TITLE D ☒ DELETE

NAME GRAY, MIKE
STREET ADDRESS 19522 HAMPTON DR
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME WILLIAMS, PAUL
STREET ADDRESS 15354 115TH AVE NORTH
CITY-ST-ZIP JUPITER FL 33478

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VSD
RYAN SHAHOUD
4255 CRYSTAL LAKE DRIVE, APT 66
POMPANO BEACH FL 33064

D
LOVEJOY, KAYE
801 SW 7th Ave
FT LAUDERDALE FL 33315

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Charles Wheeler, Pres.

4/22/98

CR2E034 (10/97)