

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 # **P93000010934**

1. Corporation Name

ARMIGERON INFORMATION SERVICES, INC.

Principal Place of Business

**466 HARWOOD PLACE
STE 200
BOCA RATON FL 33431
US**

Mailing Address

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

2. Principal Place of Business

21 466 Hardwood Place

2a. Mailing Address

26 466 Hardwood Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33431

Country

Zip

29 33431

Country

30 US

9. Name and Address of Current Registered Agent

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 **VSD** ☒ DELETE

NAME **SHAHOU, RYAN**

STREET ADDRESS **4255 CRYSTAL LAKE DRIVE, APT 66**

CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VD** ☐ DELETE

NAME **CONNER, SEAN**

STREET ADDRESS **3845 NW 35TH ST**

CITY-ST-ZIP **COCONUT CREEK FL 33036**

TITLE **D** ☒ DELETE

NAME **LOVEJOY, KAYE**

STREET ADDRESS **801 SW 7TH AVE**

CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE **D** ☒ DELETE

NAME **WILLIAMS, PAUL**

STREET ADDRESS **15354 115TH AVE NORTH**

CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

Goodell, Christine

7600 NW 82nd Terrace

Parkland, FL, 33067

VD

MIKE YONKERS

3150 NE 13 AVE

POMPANO BEACH FL 33064

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90059 041 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)