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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069543 (5)

THE INFORMATION AUTHORITY, INC.

7380 SANDLAKE RD SUITE 500 ORLANDO FL 32819			7380 SANDLAKE RD SUITE 500 ORLANDO FL 32819-5257							
ONENIOO IL V	ALO10		OND WOOD I'L GROID SEO.	•			3. Date Incorporated or Qualified 09/30/1993	3a. Date of La 09/24/19		irt
2. Principal Pl	lace of Busin	ess	2a. Mailing Address				4. FEI Number		Applie	d For
21			26				59-3225202		 	pplicable
Suite, Apt i	#, €l¢.		Suite, Apt. #, etc				5. Certificate of Status Desired		75 Addi	
22			27					re	e Requi	
City & State	0		City & Stale				Election Campaign Financing Trust Fund Contribution		.00 Ma ded to F	
Zip		Country	Zip	TC	ountry		B. This corporation has liability for i			
24	ŀ	25	29	30	•			Yes V No	101 3, 10	5.002,
		and Address of Curren		11	T		10. Name and Address of New Re	gistered Agent		
HEN	DERSON, A	LAN C			81	Name				
	SANDLAK				82	Stroot Ad	dress (P.O. Box Number is Not Acceptab	la)		
	E 500					Silvet Au	oresa (1.0. Dox rumbor is not receptable			
ORL	ANDO FL 3	2819			83					
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44 5			10074500 51: 1 01:1					FL °		-1-4
office or re agent. Lar SIGNATURE	egistered ag- rn familiar wit	ent, or both, in the State h, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	authoriz Florida St	zed by tatutes	the corpor	proration submits this statement for the parties attended to the parties of directors. I hereby acceptation's board of directors. I hereby acceptations	the appointment	nt as reg	istered
	Signature typind	or printed name of registered age				ent signature rec	cuired when reinstaling)	DATE		
12.	DI GEN	OFFICERS AND		13		····	ADDITIONS/CHANGES TO OFFIC			
TITLE	PVTD		DELETE		TITLE	-		Cha	inge L	Addition
NAME		SON, ALAN C	00		2 NAME					
STREET ADDRESS		IDLAKE RD., SUITE 5	W			ADDRESS				
CITY - S1 - ZIP	C) FL 32819	DELETE		CITY-S	iT-ZIP		Cha	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addition
TITLE	_	SON, ALAN C	LT OFFER		TITLE			Ulla	nige L	_] Addition
NAME		IDLAKE RD., SUITE 5	ΛΛ	1	NAME		•			
STREET ADDRESS) FL 32819	00			ADDRESS				
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STREET ADORESS						T ADDRESS				
CITY-ST-ZIP				. I	4 CITY-S					
14. I do herel	by certily tha	the information supplie	d with this filing does not qua	alify for th	he exe	emption stat	ted in Section 119.07(3)(i), Florida Statute	s. I further certify	that the)
Lam an o	ifficer or dire	ctor of the corporation or	supplemental annual report is the receiver or trustee empor r on an attachment with an a	owered to	d acci o exec	urate and thoute this rep	nat my signature shall have the same lega port as required by Chapter 607, Florida S	if effect as if mac statutes; and that	ie under my nam	oath; that ne

SIGNATURE

Alan Cloudersa Goring OFFICER OR DIRECTOR

1/1/97

407 333 1931

FILED

Feb 06 1997 8:00am

Secretary of State

Daytime Phone #