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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000083497 (6) INTERNATIONAL DOCUMENTARY CONSULTANTS, INC. Principal Place of Business Mailing Address 7800 W OAKLAND PARK BLVD 7800 W OAKLAND PARK BLVD BLDG G BLDG G SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE SUNRISE FL 33351 3. Date Incorporated or Qualified 12/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0452827 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Žip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOVANOVIC, DOUGLAS 888 SE 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 FT LAUDERDALE FL 33316 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or ported name of registered ages Land the it approable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MURPHY, MICHAEL E 1.2 NAME 7800 W OAKLAND PARK BLVD 'G' STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 44 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 13 if changed, or on an all schappen with a finderess.

CITY - ST - ZIP

FILED

Apr 02 1998 8:00am

Secretary of State