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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000087896 (5)

1. Corporation Name
INFORMATION STATION EXPRESS, INC.



Principal Place of Business
1400 COLONIAL BLVD.
STE 202
FORT MYERS FL 33907
US

Mailing Address
1400 COLONIAL BLVD.
STE 202
FORT MYERS FL 33907-1069
US

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
04/30/1996

4. FEI Number
65-0465907

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 21131 Captain Nelson CT
Suite, Apt. #, etc.

2a. Mailing Address
26 POB 338
Suite, Apt. #, etc.

City & State
23 ALVA
City & State
28 ALVA FL

Zip
24 FI
Country
25 USA

Zip
29 33920
Country
30 USA

9. Name and Address of Current Registered Agent

TUSCAN, JEFFREY M.
1400 COLONIAL BLVD.
STE 202
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
21131 Captain Nelson CT

83 POB 338

84 City ALVA FL 85 Zip Code 33920

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, PETER H	1.2 NAME	
STREET ADDRESS	1400 COLONIAL BLVD STE 202	1.3 STREET ADDRESS	14730 LAKE OLIVE DR
CITY - ST - ZIP	FORT MYERS FL 33907	1.4 CITY - ST - ZIP	FORT MYERS FL 33919
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUSCAN, JEFFREY M	2.2 NAME	
STREET ADDRESS	1400 COLONIAL BLVD STE 202	2.3 STREET ADDRESS	21131 CAPTAIN NELSON CT POB 338
CITY - ST - ZIP	FORT MYERS FL 33907	2.4 CITY - ST - ZIP	ALVA FLA 33920
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURBANIS, ROBERT	3.2 NAME	
STREET ADDRESS	1400 COLONIAL BLVD STE 202	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33907	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DOUGLAS L	4.2 NAME	
STREET ADDRESS	1500 COLONIAL BLVD., #102	4.3 STREET ADDRESS	2000 JOHNSON RD
CITY - ST - ZIP	FT. MYERS FL	4.4 CITY - ST - ZIP	IMMOKALEE FL 33934
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, ROSEMARIE	5.2 NAME	
STREET ADDRESS	1400 COLONIAL BLVD STE 202	5.3 STREET ADDRESS	14730 LAKE OLIVE DR
CITY - ST - ZIP	FORT MYERS FL 33907	5.4 CITY - ST - ZIP	FORT MYERS FLA 33919
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Jeffrey M. Tuscan VP 4/27/97 941 726 2564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)