Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90117 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012042

1. Corporation Name

TRUE NORTH SYSTEMS, INC.

	_ <u>`</u>						41414 (443 (444)
Principal Place of Business Mailing Address						. 48181 13819 11811 98111	
5445 70TH WAY N 5445 70TH WAY N 301							
ST PETERSBUR				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed		
					02/14/1994		i
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 5445 70th WAY N 26					65-0470250	No	ot Applicable
- Suite, Apt. #, etc Suite, Apt. #, etc. 27			•		5. Certificate of Status Desired	-	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
	ST.PETERSBURG, FL 28				Trust Fund Contribution		to Fees
Zip				Country 8. This corporation owes the current year Intangible			
24 337	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$				Personal Property Tax.	Yes	₽No
<u> </u>	9. Name and Address of Current				10. Name and Address of New Registr	ered Agent	
			81	Name			
MCD	ONALD, EDWARD C	•		s^.			
5445	AW Ator arawiths	λŊ	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		ļ
	E 301		83	 			—— — —
ST F	PETERSBURG FL 33709	No suite#		l			
		, SM	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: Re	egistered Ager	nt signature requ	uired when reinstating) DAT	ſΈ	
12.	. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
ΠΠLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MCDONALD, EDWARD C		1.2 NAME				
STREET ADDRESS	5445 70TH WAY N.		1.3 STREET	T ADDRESS			ţ
CITY-ST-ZIP	OT DETERORISE EL ANZON		1.4 CITY-S	T-7IP			ł
TITLE	0	☐ DELETE	2.1 TITLE	-		Change	☐ Addition
NAME	MCDONALD, SHARON		2.2 NAME	1 -	•		_
STREET ADDRESS	5445 70TH WAY N.	İ	2.3 STREET	r Annoecce			
	ST. PETERSBURG FL 33709	· · · · · · · · · · · · · · · · · · ·		1			Ì
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		OGEC.L	3.2 NAME	}		90	
NAME	~		3.2 NAME	T ADDRESS			İ
STREET ADDRESS	·	,		· · · · · · · · · · · · · · · · · · ·	Samuel Control of the		Ì
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-S	iT-ZIP		. [] Change	Addition
TITLE		D DETELE	4.1 TITLE			. LJ Onange	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 T/TLE			Change	Addition
NAME			5.2 NAME		•	,	Ì
STREET ADDRESS			5.3 STREET	i			
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST	T-ZIP			
TITLE _		☐ DELETE	6.1 TITILE			☐ Change	☐ Addition
NAME -			6.2 NAME	ļ			ļ
STREET ADORESS		†	6.3 STREET	ADDRESS .			- 1

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.

6.4 CrTY-ST-ZiP

STREET ADDRESS

CITY ST-ZIP