## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000013441 (8) **DOCUMENT #** 

INTELLIGENCE NETWORK ONLINE, INC.

Principal Place of Business Mailing Address



1224 ROGERS ST. CLEARWATER FL 34616			1224 ROGERS ST. CLEARWATER FL 34616				3. Date Incorporated or Qualified			
2. Principal Pla	ce of Business	T 2a	, Mailing Address				4. FEI Number	_1	וושורק	Applied For
21			26				<b>59-3232615</b> Not Applicable			
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City 8 State			City & State				Election Campaign Financing     Trust Fund Contribution		\$5.	00 May Be
Ζιρ <b>24</b>	μρ Country Ζίρ 25 29			Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	g. Name and Address of Current	Regis	itered Agent	<del>1 1</del>	Ι.,	,.,	10. Name and Address of New F	legistered	Agent	
DU 47 6	NITALINA 1				81					
Pilat, Suzanna L 1224 Rogers St.					82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
CLEARY	VATER FL 34616				83					
ſ					84	City		FL	85	Zip Code
familiar with SIGNATURE	n, and accept the obligations of Sections of Sections of Sections of the Section	on 607.	.0505, Florida Statute:	S.			ed when resistance  ADDITIONS/CHANGES TO OFF	DÄIE		
TITLE	PD		DELETE	1.1	TITLE				Chang	€ ☐ Addition
NAME	PILAT, GEORGE R			1.2 N	:AME					
STREET ADDRESS	1224 ROGERS ST.					ADDRESS				
CITY-ST-ZIP TITLE	CLEARWATER FL 34616 VD		( DELETE	2.1		il ZIP			Chang	e 🗍 Addition
NAME	PILAT, SUZANNA L			2.2 NAME				,	chang	c [] Addition
STREET ADDRESS	1224 ROGERS ST.					ADDRESS				
CITY -ST-ZIP	CLEARWATER FL 34616			240	-TY-S	81 - ZiP				
TITLE	D	☐ DELETE		3 1	TITLE				☐ Chang	e 🔲 Addition
NAME	ULLMAN, BRUCE R			32 N						
STREET ADDRESS	1224 ROGERS ST. CLEARWATER FL 34616			i i		1 ADDRESS				
CITY-ST-ZIP TITLE	OLEANITAILE FL 34010		DELETE	340	*****	ST - ZIP			Chang	e   Addition
NAME				421				'		
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP						ST ZIP				
TITLE			☐ DELETE	ETE 5 1 TH					Chang	e 🔲 Addition
NAME				5 2 N	IAME					
STREET ADDRESS				535	THEFT	ADDRESS				
CITY+ST-ZIP						ST ZIP				
TITLE			□ DELETE		III.E				Chang	e 🗌 Addition
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY OF 210				■ 6 A C	MILL C	ו מליד				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under oally, that I am an officer or directure the concretation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 in changed, or or an attachment with an address.

SIGNATURE:

SUZannal Pilat (VP) 4.13-96 (813)442-0114