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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013401 (1)

INTERNATIONAL INQUIRY CORPORATION

Principal Place of Business
120 EAST PINE STREET. #10

SIGNATURE:

Mailing Address

120 EAST PINE STREET. #10 LAKELAND FL 33801-4982

FILED May 08 1997 8:00am Secretary of State

97 941-657-9490



| THICKNAME LE S | Novi | ENTERNITY IE SOOT TOOL | | | | | | |
|---|---|--|---------------------------|---|---|---------------------------------------|---|----------------------------|
| | | | | | 3. Date Incorporated or Qualified 02/16/1995 | 3a. Date of Last Report 05/23/1996 | | |
| 2. Principal Pi | ace of Bueirless | 2a, Mailing Address | 0. | Ο. | 4. FEI Number | | | plied For |
| <u>。1103.7</u> | S. Honda ave | | OUGE | -Qu | 2 59-3307262 | • - | , , , , , , , , , , , , , , , , , , , | t Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | #10 | ۸(۵ | 6. Certificate of Status Desired | X ' | \$8.75 A Fee Re | |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 3 Luke | land, H | 28 take and | 11 | | Trust Fund Contribution | | Added t | |
| - Zip | SSSO3 Country | Zip | Counti | y l te | 8. This corporation has liability for | _ ~ | | 199.032, |
| 4 4 | 9. Name and Address of Curren | | 30 | | Florida Statutes 10. Name and Address of New Re | Yes I | | |
| DECI | KINGER, JAMES | | 8. | Name | -1 -1 -1 -1 | <u></u> | | |
| 120 E. PINE ST. #10 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | LAND FL 33801 | | 0. | Sicest A | Adress (P.O. Box Number is Not Acceptate | TRANK | AU | No |
| 42 /4 | | | 8: | 3 | | | | |
| | | | 8 | 1 Cital | 1 & 0 | | 85 Zin (| Code |
| | | | | _\^{Q | levend | FL] | | 8805 |
| Pursuant to office or r | to the provisions of Sections 607.0502 | ? and 607.1508, Florida Statutes of Florida, Such change was as | s, the abou | ve-named o | corporation submits this statement for the poration's board of directors. I hereby acce | surpose of ch of the appoin | anging Its as tnemt | s registered registered |
| agent. La | m familiar with, and accept the obliga | itions of, Section 607.0505, Flor | rida Statute | 98. | brailers board or anothers. Thereby accept | or the appear | triorit do | rogiotoroa |
| SIGNATURE | | | | | | | | |
| | Signature typed or printed name of registered ager | | Registered A | gent signature | required when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | PECTOR | C IN 12 |
| 12. Till E | OFFICERS AND | DELETE DELETE | 1.1 TITLE | r | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| NAME | DECKINGER, JAMES | | 1.2 NAME | | | | , change | |
| STREET ADDRESS | P.O. BOX 7174 N/A | | | ET ADDRESS | | | | |
| CHY-ST-ZIP | LAKELAND FL 33807-7174 | | 1.4 CITY- | | | | | |
| 111LE | | DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME . | | | 2.2 NAME | : | | | | |
| STREET ADDRESS | | | 2.3 STREE | ET ADDRESS | | | | |
| CHY-ST-ZIP | | | 2. 4 CITY | -ST-ZIP | | | | |
| TITLE | | OELETE | 3.1 TITLE | | | | Change | Addition |
| NAMÉ | | | 3.2 NAME | : | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADORESS | | | | |
| CITY - ST - ZIP | | | 3.4 CITY | -St-ZiP | | | | |
| TORE | | ☐ DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | | 4 2 NAM | E | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-SI-ZIP | | | 4.4 CITY | | | | 105 | 1.4400. |
| TiTLE | | L] DELETE | 51 TITLE | | | L |] Change | Addition |
| NAME | | | 5 2 NAMI | | | | | |
| STREET ADDRESS | | | | ET ADORESS | | | · | |
| CHTY-ST-ZIP | | DELETE | 5.4 CITY | | | | Change | Addition |
| TITLE | | טנננונ 🗀 טנננונ | 6.1 TITLE | 1 | | L | 1 mineral Re | AUDITOR |
| NAME Otock / Apoptor | | | 6.2 NAME | 1 | | | | |
| STREET ADORESS | | | | ET ADDRESS | | | | |
| 14 Ldo Farel | by cartify that the information supplies | with this filing does not qualify | 6.4 CITY | comption et | tated in Section 119.07(3)(i), Florida Statute | s I further o | artify that | the |
| informatici Lam an o | or indicated on this annual report or s flicer or director of the corporation or in Block 12 or Block 13 if charged, or | upplemental annual report is tru the receiver or trustee empowe | ue and act ered to exe | curate and ecute this re | that my signature shall have the same legs eport as required by Chapter 607, Florida S | al effect as if Statutes; and | made und that my n | der oath; the lame |

TORE REQUIRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR