FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054074 (6)

GEOGRAPHIC INFORMATION SERVICES, INC.

FILED
Apr 09 1998 8:00am
Secretary of State

							4101 <u>3</u>1 84 6034 0048 0011		,
Principal Place	of Business	Mailing Address	Mailing Address						
11142 NORTHWEST 21 STREET CORAL SPRINGS FL 33071			11142 NORTHWEST 21 STREET CORAL SPRINGS FL 33071				DO NOT WRITE II	N THIS SPACE	
						3. Date Incorporated or Qualified			
						07/13/199			
2. Principal Pla	ace of Business	2a. Mailing Addr	26. Mailing Address			4. FEI Number			Applied For
21		26	26			65-05949	940		Not Applicable
Suite, Apt. I	I, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of	Status Desired		75 Additional
22		27				J. Comments of	Sidido Boolioa	Fe	e Required
City & State		City & State	City & State			6. Election Cam	paign Financing	,	00 May Be
23		28				Trust Fund Co			ded to Fees
Zip	Country	Zip	\vdash	Country			ion owes or has paid		
24	25 g. Name and Address of Curi	29	30				Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent		
						stereo Agent			
SHIH-LUNG SHAW					Name				
111	42 N.W. 21 ST			82 Street Address (P.O. Box Number is No			er is Not Acceptable)	
COI	RAL SPRINGS FL 33071								
			83						
				84	City			85	Zip Code
				-	City			FL °°	Lip 0000
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607.1508, Flori	da Statutes, the	above	e-name	d corporation submits this	statement for the pu	rpose of changi	ng its registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob-	ale of Florida. Such char digations of Section 607	ige was authoriz .0505. Florida St	zed by tatutes	/ the cor s.	poration's board of direct	ors. I nereby accept	the appointmen	t as registered
•	The state of the s	g							
SIGNATURE ,	Signature, typed or printed name of registered	agent and title if applicable	(NOTE Registe	red Age	ent signatur	e required when reinstating)		DATE	
12.	OFFICERS A	AND DIRECTORS	13	3.		ADDITIONS/CI	HANGES TO OFFICE	-	
TITLE	PSTD DELETE		ELETE 1.1	1.1 TITLE				L Cha	nge 📙 Addition
NAME	SHAW, SHIH-LUNG			1.2 NAME					
STREET ADDRESS	11142 NORTHWEST 21 ST	REET	1.3 STREET ADDR		ADDRESS				
CITY-ST-ZIP CORAL SPRINGS FL 33071			1.4	1.4 CITY - ST - ZIP					
TITLE		□ D	ELETE 2.1	TITLE				Cha	nge 🔲 Addition
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP			2.	4 CITY-	ST-7IP				
TITLE		D		TITLE				☐ Cha	nge
NAME			3.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				I. CITY-					
TITLE		По		TITLE				Cha	nge Addition
NAME			***	2 NAME					
					ADDRESS				
STREET ADDRESS				I CITY-S					
CITY-ST-ZIP TITLE				TITLE	11 - CIC			☐ Cha	nge Addition
NAME		-		NAME					_
					T ADORESS				ļ
STREET ADDRESS			1						ļ
CITY-ST-ZIP		Пп		CITY-S	I - EIP			☐ Cha	nge Addition
TITLE		۰ ت				1		5/12	
NAME				NAME	, . n. n. n. c. ^ ^				
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP		at at at a EP	6.4	CITY-	ST-ZIP	ted in Castler 140 07/03/03	Elorida Statutos 14	urthor continue	t the information
14. I hereby o	ertify that the information supplie	u wiin this tilling does nol ental annual report is truc	i quailly for the 6 e and accurate a	and th	มเบาเรีย atmvs	ionature shall have the sar	ne legal effect as if i	made under oat	n; that I am an

indicated on this annual report or supplicmental 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: Y Shid- I- Shave

SHIH-LUNG SHAW > 3/1/1998 x (954) 344-9324

RZE034 (10/97)