

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000067008 (9)**

1. Corporation Name
INTELLIGENT DEVELOPMENT SYSTEMS, INC.



Principal Place of Business 6706 N 9TH AVE D-19 PENSACOLA FL 32504 US	Mailing Address 6706 N 9TH AVE D-19 PENSACOLA FL 32504 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4051 E. Olive Rd.	2a. Mailing Address 26 4051 E. Olive Rd.
Suite, Apt. #, etc. 22 290	Suite, Apt. #, etc. 27 290
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip 24 32514	Country 25 US
Country 25 US	Zip 28 32514
Country 25 US	Country 30 US

3. Date Incorporated or Qualified
08/25/1995

4. FEI Number
59-3334294

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FARRAR, GREGORY P
109 N PALAFOX
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 **Flavio Andrade**

3/31/98

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAES, PEDRO	
STREET ADDRESS	2277 AIRPORT BLVD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDRADE, FLAVIO MORAES	
STREET ADDRESS	6706 N 9TH AVE #D-19	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARVALHO, MARCO	
STREET ADDRESS	6706 N 9TH AVE #D-19	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	ROBERTO, PLANA	
STREET ADDRESS	4227 BROOKSIDE DR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: **Flavio Andrade**

3/31/98 850-494-1094

CR2E034 (10/97)