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 # P95000071636 (1)

INTERNATIONAL RADIO SERVICE DIVISION, INC. Principal Place of Business Mailing Address 1118 RAYMOND AVENUE 1118 RAYMOND AVENUE FORT PIERCE FL 34950 FORT PIERCE FL 34950 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite. Apt. #, etc. 22

FILED May 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1995 4. FEI Number Applied For 65-0613239 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Vo 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMAS, MARK Name 1118 RAYMOND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34950 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typert or proced name of registered agood and title if applicable (NOTE Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Addition Change TITLE 1.1 TITLE THOMAS, MARK NAME 1.2 NAME 1118 RAYMOND AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 21 TITLE THOMAS, DEBRA NAME 2.2 NAME 1118 RAYMOND AVENUE STREET ADDRESS 2.3 STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STHEET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 supplicated annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of this corporation or this control or true of the corporation or the control of the corporation of the

5/1 4/6-05/4