

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072574 (3)

1. Corporation Name:

BUSINESS INTELLIGENCE SERVICES, INC.



Principal Place of Business:

**555 N. CONGRESS AVE., SUITE 302
BOYNTON BEACH FL 33426**

Mailing Address:

**555 N. CONGRESS AVE., SUITE 302
BOYNTON BEACH FL 33426**

2. Principal Place of Business:

21 **SIS N. FLAGLER DR.**

Subsidiary, Apt. #, etc.

22 **Suite 300 Pavilion**

City & State

23 **West Palm Beach, FL**

Zip

24 **33401**

Country

25 **USA**

2a. Mailing Address:

26 **SIS N. FLAGLER DR.**

Subsidiary, Apt. #, etc.

27 **Suite 300 Pavilion**

City & State

28 **West Palm Beach, FL**

Zip

29 **33401**

Country

30 **USA**

3. Date Incorporated or Qualified:

09/20/1995

3a. Date of Last Report:

4. FET Number:

65-0617346

Applied For:

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent:

**KENNETH M. KALEEL, P.A.
555 N. CONGRESS AVE., SUITE 302
BOYNTON BEACH FL 33426**

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 607.0507 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 607.0507, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

DATE:

3/2/96

12. OFFICERS AND DIRECTORS:

1. TITLE	PSD	☐ DELETE
2. NAME	O'NEILL, MICHAEL	
3. STREET ADDRESS	4100 N. OCEAN BLVD., APT. 1502	
4. CITY, ST, ZIP	SINGER ISLAND FL 33404	
5. TITLE	VTD	☐ DELETE
6. NAME	KELLY, SEAN	
7. STREET ADDRESS	5541 PACIFIC BLVD., APT. 4101	
8. CITY, ST, ZIP	BOCA RATON FL 33433	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		☐ DELETE
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		☐ DELETE
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

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 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:

Michael P. O'Neill

Michael P. O'Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(407) 835-0453

CR2E034 (12/95)