

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

FILED
May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000090149

1. Corporation Name

MOBILE INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

4203 N.W. 66TH DRIVE
COCONUT CREEK, FL.
33073

2. Principal Place of Business

21 4203 N.W. 66TH DR.

Suite, Apt. #, etc.

22

City & State

23 COCONUT CREEK, FL.

Zip

24 33073

Country

25 U.S.A

2a. Mailing Address

26 4203 N.W. 66TH DR.

Suite, Apt. #, etc.

27

City & State

28 COCONUT CREEK, FL.

Zip

29 33073

Country

30 U.S.A

3. Date Incorporated or Qualified

January 1995

3a. Date of Last Report

January 1997

4. FEI Number

65-0638517

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

Jordan Ofri
4203 N.W. 66TH DRIVE
COCONUT CREEK, FL.
33073

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

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 ~~President~~ ☐ DELETE
NAME ~~Jordan Ofri~~
STREET ADDRESS ~~4203 N.W. 66TH DRIVE~~
CITY-ST-ZIP ~~COCONUT CREEK, FL. 33073~~

TITLE ~~Vice President~~ ☐ DELETE
NAME ~~Michelle Ofri~~
STREET ADDRESS ~~4203 N.W. 66TH DRIVE~~
CITY-ST-ZIP ~~COCONUT CREEK, FL. 33073~~

TITLE ~~Vice President~~ ☐ DELETE
NAME ~~Michelle Ofri~~
STREET ADDRESS ~~4203 N.W. 66TH DR.~~
CITY-ST-ZIP ~~COCONUT CREEK, FL. 33073~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ~~President~~ ☐ Change ☒ Addition
12 NAME ~~Jordan Ofri~~
13 STREET ADDRESS ~~4203 N.W. 66TH DRIVE~~
14 CITY-ST-ZIP ~~COCONUT CREEK, FL. 33073~~

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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: Michelle Ofri MICHELLE OFRI

5/27/97

954-428-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)