## 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** #

P95000090149 (2)

MOBILE INFORMATION SERVICES INC.

Principal Place of Business Mailing Address 4203 NW 66 DRIVE 4203 NW 66 DRIVE **COCONUT CREEK FL 30073** COCONUT CREEK FL 33073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/28/1995 2. Principal Place of Business Mailing Address Applied For 65-0638517 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name OFRI. JORDAN 4203 NW 66 DRIVE R2 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33073 B3 B4** 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.

Jordan Ofri Signa OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change DELETE 1.1 TITLE Addition TITLE OFRI, JORDAN 1.2 NAME NAME 4203 NW 66TH DRIVE 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE OFRI. MICHELLE 2.2 NAME NAME 4203 NW 66TH DRIVE 2.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Channe Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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: 7

CITY-ST-ZIF

, Jordan Ofri

954-488-4620

**FILED** 

Apr 13 1998 8:00am

Secretary of State