**PROFIT** CORPORATION ANNUAL REPORT



DOCUMENT # P95000090149

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999

1. Corporation Name

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90081 022 \*\*\*158.75

MOBILE INFORMATION SERVICES INC.								
Principal Place	of Business	Mailing Address				ils 401i0 IDII) 6010) II	801 B1818 3810 1880	
•	•	4203 NW 66 DRIVE						
4203 NW 66 DRIVE 4203 NW 66 DRIVE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073								
US US					DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualifed			
					11/28/1995		A li-d E-a	
2. Principal Pl	ace of Business	2a. Mailing Address	$<$ $^{\wedge}$	0.0	4. FEI Number	<del></del>	Applied For	
21 1021	1 W. DAMPK I'd	26 1021 W.	341	ubra 10	<del>y 65-0638517</del>	<del></del>	Not Applicable  5 Additional	<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	$J v_i$	Z	5. Certifcate of Status Desired		Required	
City & State	- <del> </del>	City & State	<del>7</del> -6-0	<u></u>	6. Election Campaign Financing	\$5.0	0 May Be	
23 0000	1 Sommer Fl	28 ( Oca ) S	~1\ \	n Fl	Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Count	try	8. This corporation owes the current	year Intangible		
	5065 25 12SA	33065 3	0	USA	Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren		•		10. Name and Address of New Regi	stered Agent		
_			8	31 Name				
	i, Jordan_		1	Street Add	Iress (P.O. Box Number is Not Acceptable)			ĺ
	NW 66 DRIVE		Ľ					
COC	ONUT CREEK FL 33073		8	33				
			-	84 City		85 Z	ip Code	
	•			'		FL		
≈11. Pursuant. office or n agent. I al SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with and accept the obligat	2 and 607,1508, Florida Statutes of Florida. Such change was auth tions of, Section 607.0505, Florid	, the abo horized'i la Statut	bye-named corp by the corporati es.	poration submits this statement for the pur ion's board of directors. I hereby accept the	2-9 <i>3-</i> 9		
SIGNATURE	Signature, typed or printed name or registered agen		<del>-</del>	gent signature requir	ed witer remarking)	DATE	TODO IN 40	é
12.		D DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICE	Chan		17%
TITLE	P	☐ DELETE	1.1 TITL			Onan	,0	1
NAME	OFRI, JORDAN							5
STREET ADDRESS	4203 NW 66TH DRIVE			EET ADDRESS			I	5
C/TY-ST-ZIP	COCONUT CREEK FL 33073	☐ DELETE	2.1 TITL	r-ST-ZIP		☐ Chan	ge Addition	2
TITLE	VP						,	
NAME	OFRI, MICHELLE		2.2 NAM	ne				ļ
STREET ADDRESS	4203 NW 66TH DRIVE			EET ADDDEGG	•.			
CITY-ST-ZIP				EET ADDRESS	· ·	**	۔	ł
TITLE	COCONUT CREEK FL-33073	□ DFI FTE	2.4 CIT	Y-ST-ZIP		Chan	ge Addition	-
NAME	ECOCONOLICAZER: FE:330//3:=	☐ DELETE	2.4 CIT 3.1 TITL	Y-ST-ZIP		☐ Chan	ge Addition	- 
NAMÉ STOCET ADDOESS	COCONOL DRECK PESSONS	☐ DELETE	3.1 TITL 3.2 NAM	Y-ST-ZIP E ME		Chan	ge Addition	   
STREET ADDRESS		DELETE	3.1 TITL 3.2 NAM 3.3 STR	Y, ST, ZIPE.  ME  EET ADDRESS		☐ Chan	ge Addition	-
STREET ADDRESS CITY-ST-ZIP	COCONOL ERECATE SSUIDE	☐ DELETE	3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT	Y-ST-ZIP E KE KE EET ADDRESS Y-ST-ZIP		☐ Chan		-
STREET ADDRESS CITY-ST-ZIP TITLE	COCONOL ERECATE SSUIDE		3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL	Y, ST, ZIPE  AE BET ADDRESS Y-ST-ZIP E				-
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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, with all other like empowered.

SIGNATURE: