


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

FILED  
May 23 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 # <b>P96000016400 (9)</b>			
1. Corporation Name <b>INFOSERV INTERNATIONAL, INC.</b>			
Principal Place of Business <b>834 HARDWICK AVENUE ORLANDO FL 32825</b>		Mailing Address <b>834 HARDWICK AVENUE ORLANDO FL 32825-0639</b>	
2. Principal Place of Business		2a. Mailing Address	
21 <del>934 HARDWICK AVENUE</del>	26 <del>934 HARDWICK AVENUE</del>	3. Date Incorporated or Qualified <b>02/19/1996</b>	
22 <del>ORLANDO FL 32825</del>	27 <del>ORLANDO FL 32825</del>	3a. Date of Last Report <del>02/19/1996</del>	
23 <del>ORLANDO FL 32825</del>	28 <del>ORLANDO FL 32825</del>	4. FEI Number <b>59-3040388</b>	
24 <del>ORLANDO FL 32825</del>	29 <del>ORLANDO FL 32825</del>	Applied For <input type="checkbox"/> Not Applicable	
25 <del>ORLANDO FL 32825</del>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 <del>ORLANDO FL 32825</del>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27 <del>ORLANDO FL 32825</del>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28 <del>ORLANDO FL 32825</del>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 <del>ORLANDO FL 32825</del>		9. Name and Address of Current Registered Agent	
30 <del>ORLANDO FL 32825</del>		10. Name and Address of New Registered Agent	
31 <del>ORLANDO FL 32825</del>		81 Name	
32 <del>ORLANDO FL 32825</del>		82 Street Address (P.O. Box Number is Not Acceptable)	
33 <del>ORLANDO FL 32825</del>		83	
34 <del>ORLANDO FL 32825</del>		84 City	
35 <del>ORLANDO FL 32825</del>		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: <i>[Signature]</i>		DATE: <b>4/21/97</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <b>D VAZQUEZ, AMILCAR</b>		1.2 NAME	
1.3 STREET ADDRESS <b>834 HARDWICK AVENUE</b>		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP <b>ORLANDO FL 32825</b>		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 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: <i>[Signature]</i>		DATE: <b>4/21/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE: <b>407-823-7733</b>	

CR2E034 (9/96)