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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____**19**98

DOCUMENT #

P96000074619 (3)

THE INFORMATION EXCHANGE SERVICE, INC.

FILED May 11 1998 8:00am Secretary of State



| Principal Place of Business 5506 BLUEJAY LANE TAMPA FL 33625 | | Mailing Address | | | | | | |
|---|--|--|--|--|---|---------------|-----------------------------|-------------------------------------|
| | | P.O. BOX 270936 | | | | | | |
| | | TAMPA FL 33688-093 | 3 6 | | | | | |
| | | | | | | ITE IN THIS S | SPACE | |
| _ | | | | | 3. Date Incorporated or Qualifie 09/05/1996 | od | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | <u>59-3401316</u> | | | ot Applicable |
| Sulte, Apt. # | r, e tc. | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | | • | Additional equired |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added | to Fees |
| Ziρ | Country | Ζ ιρ | Country | | 8. This corporation owes or has | | | |
| 24 | 25 | | 30 | | Personal Property Tax due Ju | | | No |
| | 9. Name and Address of Curi | rent Hegistered Agent | 81 | Name | 10. Name and Address of New | Hegistered / | Agent | |
| | MGARTNER, C. RANDALL | | " | Name | | | | |
| | B B LUEJAY LANE | | 82 | Street Add | iress (P.O. Box Number is Not Accep | otable) | | |
| IMAT | PA FL 33625 | | 83 | | | | | |
| | | | 53 | | | | | |
| 100 | ·i | | 84 | City | | FL | 85 Zip | Code |
| 11 Pursuant to | the provisions of Sections 607.0 | 0502 and 607.1508. Florida S | tatutes the above | named corr | poration submits this statement for th | | changing i | Is registered |
| office or rec | gistered agent, or both, in the Stanfamiliar with, and accept the ob- | ate of Florida. Such change v | vas authorized by | the corpora | poration submits this statement for thation's board of directors. I hereby ac | cept the app | ointment as | registered |
| omest lam | | | | | | | | |
| agent. I am | Claurinian with, and accept the Di | rightions of, executing ovi. 550 | 5, Horida Statutes. | | | | | |
| agent. I am SIGNATURE | _ | | | | ered when reinstaling) | DATE | | |
| agent. I am SIGNATURE | Signature, typed or printed name of registered | | (NOTE Registered Agen | | | | DIRECTOR | RS IN 12 |
| agent. I am SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable | (NOTE Registered Agen | | ADDITIONS/CHANGES TO OF | | DIRECTOR | RS IN 12 |
| agent. I am SIGNATURE SI | Signature, typed or printed name of registered OFFICERS A | egent escribbe if applicable AND DIRECTORS DELETE | (NOTE Registered Agen | | | | | |
| agent. I am SIGNATURE 51 12. | Signature, typed or printed name of registered | egent escribbe if applicable AND DIRECTORS DELETE | (NOTE Registered Agen | il argnalure requ | | | | |
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| agent, I am SIGNATURE 5: 12. TITLE NAME | OFFICERS A BAUMGARTNER, C. RANDA \$506 BLUEJAY LANE | egent escribbe if applicable AND DIRECTORS DELETE | (NOTE Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST | d argnature requi | | FICERS AND | | |
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