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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000077272**1. Corporation Name INFO-RESEARCH, INC.

Prine	cip	al Plai	ce of	Business	
1226	R I	2CTU	AVE	M IC	

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90032 027 ***150.00



Principal Place	e of Business	Mailing Address				18 Mild Diett Auftt Abier Hatte	##111 C##11 1##5# 11#	11 10019 1151 1801	
1326 N. 26TH A	WENUE	1326 N. 26TH AVENUE							
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020				DO NOT WRITE IN	THIS SPACE		_
					3. Date Incorpor				
					09/17/199	<u> </u>			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	17		Applied For	l
21 9017	15.W. 146 ct.	26 SAnn	<u>e</u>		65-069570	<u>''</u>		Not Applicable Additional	-
Suite, Apt.	#, etc. 	Suite, Apt. #, etc.			5. Certificate of S	Status Desired		Required ~ - ~	
City & State		City & State			6. Election Cam Trust Fund C			May Be to Fees	
Zip 33	186 Country	Zip	Cou	ntry	8. This corporati	ion owes the current ye.	ar Intangible		ļ
24 701, 14.19	25 BROWARD	29	30		Personal Prop		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and A	ddress of New Registe	ered Agent		ļ
CAL	IÈRI, THERÉSA			81 Name	-RNESTINA	· CASQUA	ARP /II		İ
	ien, ineresa in. 28th avenue			82 Street A	ERNEST NA Address (P.O. Box Numb	er is Not Acceptable)	11-5-11-		
	LYWOOD FL 33020			981	4 5.W.	146 ct.			-
HOL	L11000 FL 15020			83				1	ļ
·				84 City			85 Zip	Code	1
				7	MIAMI		<u>FL 33</u>	5186	-
11. Pursuant office or re	to the provisions of Sections 607.0502	and 607.1508, Florida Statu f Florida. Such change was a	tes, the a authorized	bove-named of by the corpo	corporation submits this i ration's board of director	statement for the purpor s. I hereby accept the	se of changing i appointment as i	registered registered	
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ops of, Section 607.0505, Flo	orida Stat	utes.		1/-	2/20		1
SIGNATURE	Sevellar & (at	fellell					5/99		L
40	Standure, typed or printed name of registered agen OFFICERS AND	and title if applicable. (NOT) DIRECTORS	13.	Agent signature re	quired when reinstating)	HANGES TO OFFICER	S AND DIRECT	ORS IN 12	1 8
TITLE	VP	☐ DELETE	1.1 Ti	TLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	Change		;
NAME	EMMERT, T	_	1.2 N/	AME .					} ;
STREET ADDRESS	1326 N 26 AVE	•		REET ADDRESS					1
CITY-ST-ZIP	HOLLYWOOD FL 33020		l	TY-ST-ZIP					8
TITLE	PRESIdent	DELETE	2.1 Ti				Change	Addition	١
NAME	ERNESTINA CAS	ALLARCIT	2.2 N	AME		•			ĺ
STREET ADDRESS	GOIL CW. 144 C.	T.	2.3 \$	REET ADDRESS					
CITY-ST-ZIP	9814 S.W. 146 C MIAMI, FL	73186	2,40	ITY-ST-ZIP					<u> </u>
TITLE	TREASURER	☐ DELETE	3.1 TI	TLE .			Change	e Addition	
NAME	VICKIE L. GOLL	'n	3.2 N	AME]
STREET ADDRESS			3.3 \$	TREET ADDRESS					1
CITY-ST-ZIP	9814 SW 146 C	33186 _	3.4. C	ITY-ST-ZIP					1
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	e Addition	}
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S	TREET ADDRESS					
CITY-ST-ZIP			4.4 C	TY-ST-ZIP		<u> </u>			1
TITLE		☐ DELETE	5.1 TI				Change	e 🗀 Addition	
NAME			5.2 N						
STREET ADDRESS			l l	TREET ADDRESS (1
CITY-ST-ZIP				TY-ST-ZIP					1
TITLE		☐ DELÉTE	6.1 TO	J			Change	e Addition)
NAME			6.2 N				•		
STREET ADDRESS			1	TREET 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, with all other like empowered.

SIGNATURE: The	ESEN 2	mm	est RE
SIGNATU	RE AND TYPED OR PR	INTED NAME OF SIGNIN	G OFFICER OR DIRECTOR