

FILED
Jun 16 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000080372 (1)			
1. Corporation Name Information Solutions, Inc.			
Principal Place of Business		Mailing Address	
647 Briarwood Ln		647 Briarwood Ln	
2. Principal Place of Business		3. Date Incorporated or Qualified	
24 6619 Emerald Way North		9/27/1996	
Suite, Apt. #, etc.		3a. Date of Last Report	
27		N/A	
City & State		4. FEI Number	
23 Deerfield Beach, FL		65-0714113	
Zip Country		5. Certificate of Status Desired	
24 33442 28		☐ \$0.75 Additional Fee Required	
29 33442 30		6. Election Campaign Financing Trust Fund Contribution	
		☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		81 Name Albert L. Lehman	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		6619 Emerald Way North 647 Briarwood Ln	
		83	
		84 City	
		Deerfield Beach FL 85 Zip Code	
		33442	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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>Albert L. Lehman</i>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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)(l), 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>Albert L. Lehman Jr.</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			