

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000089385 (4)
 1. Corporation Name
INTUITION GUARANTEE SERVICES, INC.

Principal Place of Business: **6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216**
 Mailing Address: **6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1996**

2. Principal Place of Business: **6420 SOUTHPOINT PKWY**
 2a. Mailing Address: **6420 SOUTHPOINT PKWY**

21. Suite, Apt. #, etc.
 26. Suite, Apt. #, etc. **ATTN: BARRY HENRY**

22. City & State: **JACKSONVILLE, FL**
 27. City & State: **JACKSONVILLE, FL**

23. Zip: **32216** Country: **USA**
 28. Zip: **32216** Country: **USA**

4. FEI Number: **59-3498269**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HENRY, BARRY K.
6420 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	SETTLER, STEVEN R.	1.3 STREET ADDRESS	
CITY, ST, ZIP	6420 SOUTHPOINT PARKWAY	1.4 CITY, ST, ZIP	
	JACKSONVILLE, FL 32216	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY, ST, ZIP	
CITY, ST, ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY, ST, ZIP	
CITY, ST, ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY, ST, ZIP	
CITY, ST, ZIP		5.1 TITLE	<input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	700002473007
NAME		5.3 STREET ADDRESS	-03/31/98--01021--006
STREET ADDRESS		5.4 CITY, ST, ZIP	***150.00
CITY, ST, ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is correct and that my signature shall have the same legal effect as if made under oath that I am an authorized officer or director of the corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or an attachment, in an address.

SIGNATURE: **Barry K. Henry** **Barry K. Henry** **2/26/98** **904-281-7161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

PE 3.30