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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089385

INTUITION GUARANTEE SERVICES, INC.

Principal Plac	e of Business	Mailing Address				Ì	()02/102/ 110 10/11 01/11 0		•			4191 4111 1341
6420 SOUTHPOINT PARKWAY JACKSONVILLE FL 32216		6420 SOUTHPOINT PKWY ATTN: BARRY HENRY JACKSONVILLE FL 32216					DO NOT	r WRIT	E IN THIS	SPAC	E	
		promotivate 12 octiv					Date Incorporated or Qua 10/30/1996	alifed				_
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number				App	plied For
21		26					59-3498269				Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	Certificate of Status Desir	red				dditional
22		27	——————————————————————————————————————			J.				F	ee Re	quired
City & Stat	e	City & State					Election Campaign Finar	ncing		•		May Be
23							Trust Fund Contribution			A	ided to	Fees
Zip	Country	Zip	Country	У			This corporation owes the	e curre	nt year In			
24	25	29	30				Personal Property Tax.			☐ Ye:	<u> </u>	□No
	9. Name and Address of Current	Registered Agent	81	4 1		10.	Name and Address of t	New Ke	egisterea	Agent		
LIENE	RY, BARRY K		*1	' N	ame							
	SOUTHPOINT PARKWAY		82	2 S1	treet Addre	ess (P.	.O. Box Number is Not A	cceptal	ole)			
V.20	(SONVILLE FL 32216											
JACI	SUNVILLE PL 32210		83	3								
			84	4 Ci	itv					85	Zip C	ode
			-	-					FL	_ ` `	•	
												
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was :	authorized by	y the	med corpo corporation	oration on's bo	n submits this statement for ard of directors. I hereby	or the p accept	the appoi	changi ntment	ng its as reg	registered jistered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was a ons of, Section 607.0505, Fl	authorized by orida Statutes	y the s.	corporation	on's bo	eard of directors. I hereby	or the p accept	the appor	changi ntment	ng its as reg	registered jistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

904-281-7/6 / Daytime Phone #