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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - ST - ZiP

SIGNATURE: X



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600093860 (0)

## EVICTION INFORMATION SYSTEMS INC.

2174 NE 170TH ST APT #101 2174 NE 170TH ST APT #101 N MIAMI FL 33162-3318 N MIAMI FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0708010 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country  $Z_{10}$ ZiD Country 8. This corporation has liability for intangible tax under s 199.032. Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUNCAN, DÖNÖVAN 2174 NE 170TH ST APT #101 82 Street Address (P.O. Box Number is Not Acceptable) N MIAMI FL 33162 83 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TILLE Duncan, DONOURN **DUNCAN, DONOVAN** 2174 NE 1704 ST APT +101 2174 NE 170TH ST APT #101 1.3 STREET ADDRESS STHEET ADDRESS N MIAMI FL 33162 CITY S1-Zif 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TIL.F NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY \$1.78 DELETE Change Addition 3.1 TITLE Tille 3.2 NAME NW: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP G/Fr S1 749 DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STEEL: ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP City - St - Zith DELETE Change Addition 5.1 TITLE TELLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CHY-\$1-70 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TIL 61 TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADORESS** 

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)(i), Florida Statutes. I further certify that the information inclicated 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, over an attachment with an address.