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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT®OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 20 1998 8:00am Secretary of State

SOUTH	MENT # P970 ISEARCH, INC.	00015593 (1	l) 		
Principal Place of Business Mailing Address				r ( deriode ils tonk resit saint seint saint saint saint tieft fener enief letes inn idet	
2435 OAKDA		2435 OAKDALE STRE			
TALLAHASSE	E FL 32312	TALLAHASSEE FL 32312		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
ı				02/18/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		Not Applical	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & State		City & State	<del>- ·</del>		
23	,	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tex due June 30. Yes No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent	
	WAP, BYRON S		81 Name		
2435 OAKDALE STREET TALLAHASSEE FL 32312			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			00		
			83		
			84 City	B5 Zip Code	
44 Bussiant	to the provisions of Castians COT (	EOO and CO7 1500 Florida Cto	tutos the chara named on	rporation submits this statement for the purpose of changing its register.	
office or r agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such ch <b>ange w</b> a	as authorized by the corpora	altion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and lifte if applicable (N	NOTE: Registered Agent signature requ	quired when reinstating) DATE	
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE	Change	
NAME	CAMP, BYRON S		1.2 NAME		
STREET ADDRESS	2435 OAKDALE STREET TALLAHASSEE FL 32312		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	INLLATINGUEE FL 32312	DELETE	1.4 CITY-ST-ZIP	Change Addit	
		בן מננונ	1	Cuarite to whom	
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.3 STREET AUDRESS		
TITLE		DELETÉ	3.1 TITLE	Change Addit	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change Addit	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addit	
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[] Delete	5 4 CITY-ST-ZIP	D06	
TITLE		DÉLETE	6.1 TITLE	Change    Addit	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	atifuthat the information constitution	Luith this filing done not suglify	6.4 CITY-ST-ZIP	in Section 119 07(3)(i) Florida Statutes, I further certify that the information	

Thereby comy that the information supplied with this bing does not quality 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 excurate 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 guide receiver or trustee suppowered 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 put any property with an address.