**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000043407 (0)

NATIONAL INTER-DATA SOLUTIONS CORP.

Principal Place of Business

P.O. BOX 822008 SOUTH FLORIDA FL 33080

Mailing Address

P.O. BOX 822008

## FILED Jul 01 1998 8:00am Secretary of State



SOUTH FLORIDA FL 33080 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 05/15/1997 Principal Place of Business Mailing Address FEI Number Applied For 1408 WEST 65-076020. Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name NUNEZ, MIKE 12445 KEYSTONE ISLAND DRIVE 82 **NORTH MIAMI FL 33181** 83 84 UUDERDA/G 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 1408 WEST LAKE DR. FT. LAUDERDALE F1 33 TITLE ħ DELETÉ Addition 1.1 DIVE NAME NUNEZ, MIKE 12 NAME 14445 N.E. 20TH LANE STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL 33181-1446 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ... DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 City - ST - ZIP DELETE TITLE 5.1 DILE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE \_\_ Change Addition 500002578515 -07/02/38--01008--043 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP

Thereby 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 adachment with an address. XIZSY

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