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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043407

Principal Place of Business

NATIONAL INTER-DATA SOLUTIONS CORP.

1408 WEST LAK FORT LAUDERD		P.O. BOX 822008 South Florida FL 33080					DO NOT WRI	TE IN THIS	SPACI	=	
							Date Incorporated or Qualifed 05/15/1997				
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number	_	L	27.7	lied For
21		26					65-0760203		· .]	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			75 A	dditional Juired
City & State	e 	City & State					Election Campaign Financing Trust Fund Contribution			.00 to	May Be Fees
Zip 24	Country 25	Zip 29 30	Country				This corporation owes the curr Personal Property Tax.		☐ Ye		□No
- '-	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New f	Registered /	Agent		
			81	N	lame						,
NUNEZ, MIKE 1408 WEST LAKE DRIVE				82 Street Ad		s (P.	O. Box Number is Not Accepta	ible)			
FOR	T LAUDERDALE FL 33316		83								
			84	C	City			FL	85	Zip C	ode
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	orizea ov	ine	amed corpor corporation	ation 's boa	submits this statement for the ard of directors. I hereby acce	purpose of ot the appoin	ntment	ng its i as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NOTE: Reg	istered Ager	nt sig	mature required w	vhen rei	instating)	DATE	 		
12.		D DIRECTORS	13.	_		A	DDITIONS/CHANGES TO OF	FICERS AN	D DIR	ECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE						☐ Ch	ange	☐ Addition
NAME	NUNEZ, MIKE		1.2 NAME								1
STREET ADDRESS	1408 WEST LAKE DRIVE		1.3 STREE	TADI	DRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY-S	T-28	P						
TITLE		☐ DELETE	2.1 TITLE						☐ Ch	ange	☐ Addition
NAME			2.2 NAME								1
STREET ADDRESS			2.3 STREE	T AD	ORESS		•				
CITY-ST-ZIP			2. 4 CITY- S	ST-ZI	IP						
TITLE		☐ DELETE	3.1 TITLE					_	Ch	ange	☐ Addition
NAME			3.2 NAME				•				
STREET ADDRESS		•	3.3 STREE	T ADI	ORESS						
CITY-ST-ZIP			3.4. CITY-5	ST-21	IP						
TITLE		☐ DELETE	4.1 TITLE						CH	ange	☐ Addition
NAME			4, 2 NAME								
STREET ADDRESS			4.3 STREE	T AD	DRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZI	Р						
TITLE		☐ DELETE	5.1 TITLE						Ch	ange	☐ Addition (
NAME			5.2 NAME		j						ļ
STREET ADDRESS			5.3 STREE	TAD	ORESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZI	P						
TITLE		☐ DELETE	6.1 TITLE						Ch	ange	☐ Addition
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	T AD	DRESS						

CITY-ST-ZIP 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 adactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90198 031 ***150.00