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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700051035 (8)

INFORMATION DISPLAY GROUP, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						ı irdinal ile idişi iddil tarif tarif dalif	DOME BOILD BIN	##	1101 Oill (CO)	
4857 RIDGEMOOR CIRCLE 4857 RIDGEMOOR CIRCLE					[
PALM HARBOR FL . PALM HARBOR FL					DO NOT WRITE IN THIS SPACE			SPACE		
						3. Date Incorporated or Qualifie				7
]					1	06/10/1997				
2. Principal Place of Business 2a. Mailing Address					4	4. FEI Number		P	Applied For]
	WEAVER BARK DE		0177			62-1695214			lot Applicable	4
Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional Required	
27 27						6. Election Campaign Financing				┨
23 CLEARWATER FL 28 CLEARWATER						Trust Fund Contribution			May Be to Fees	
21p 3370	of Pinellas	29 337US	30 Pir	itry 121135		B. This corporation owes or has Personal Property Tax due Ju	•		ntangible No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
DICKINSON, ROBERT C III										
33920 U.S. 19 NO.				32 Street	Address	(P.O. Box Number is Not Accep	table)		······································	┨
SUITE 269				511661	Audiess	(F.O. Box Number is Not Accep	lable)			
PALM HARBOR FL 34684			[B3					,	1
			}	B4 City				85 Zip	Code	1
ļ				1 1			<u>FL</u>	. ` `		_
11. Pursuant i	to the provisions of Sections 607,0502 egistered agent, or both, in the State confidence with, and account the obligations.	and 607,1508, Florida Statute of Florida. Such change was a	s, the ab uthorized	ove-named by the cor	l corporati poration's	ion submits this statement for the board of directors. I hereby ac	e purpose o cept the apr	r changing point nent a	its registered s registered	
agent.la	ni familiar with, and account the obligat	ions of, Section 607.0505, Flor	rida Statu	tes.			1/28	190		
SIGNATURE	Signature, typed or printed hapte of registeric 1 synut	and the procedure (NOTI:	Hegistored	Agent signature	e required wh	en reinstating)	DATE	//0_		_ ا
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	10/0/
TITLE	PO /	DELETE	1.1 TIT	E				Change	☐ Addition	190
NAME	DUNN, KAREN		1.2 NAI	AE .						2
STREET ADDRESS	4857 RIDGEMOOR CIRCLE			eet address						ŭ
CITY-ST-ZIP TITLE	PALM HARBOR FL 34685	DELETE	1.4 CIT 2.1 TiT	(-ST-ZIP	= 60	96+10V		Change	Addition	48
NAME	SAD ST Dunn, Christopher	D. Dictie	2.1 III		NUA	PRETARY UM, CHRISTUPI 17 RIGGEMOOF	1 <i>ER</i>	Criange		ľ
STREET ADDRESS	4857 RIDGEMOOR CIRCLE			EET ADDRESS	485	7 RIGHTMOOF	Circle			
CITY-ST-ZIP	PALM HARBOR FL 34685			Y-ST-ZIP	PAL	4 HARBOR FL	- 341	285		
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3.1 TITE		,,,,,			Change	Addition	1
NAME			3.2 NA	Æ						
STREET ADDRESS			3.3 STF	EET ADDRESS						
CITY-ST-ZIP			-	Y-ST-ZIP	<u></u>					
TITLE		☐ DELETE	4.1 TiTi		Ī				☐ Addition	ł
NAME			4. 2 NA	· · · · ·						
STREET ADDRESS				EET AODRESS						
CITY-ST-ZIP TITLE		DELETE	5.1 Titl	Y-ST-ZIP F	 			Change	Addition	1
NAME		<u> </u>	5.2 NA/		1					
STREET ADDRESS			ı	EET ADORESS						
CITY-ST-ZIP				/-ST-ZIP	[
TITLE		DELETE	6.1 TIT					Change	Addition	1
NAME			6.2 NA	A E						İ
STREET ADDRESS			6.3 STR	eet address						
CITY-ST-ZIP			6.4 CIT	r-ST-ZIP						1

14. I hereby certify that the information supplied with the Ding 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.

2/0/90 82/11/12/21/2