## 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

DOCUMENT # P9700053893 (8)

## FILED Mar 24 1998 8:00am Secretary of State

INTELL	IGENCE ASSOCIATES, INC						
Principal Plac	ee of Business	Mailing Address			<del></del>	- 100014001 140 1044 1004 0044 0044 00144 00144	9406 HHO 10HE HIBD IIII (60)
14141 LURAY RD. 14141 LURAY RD. FT. LAUDERDALE FL 33330 FT. LAUDERDALE FL 33330			330				
						DO NOT WRITE IN TH	IIS SPACE
						3. Date Incorporated or Qualified 06/18/1997	
	Place of Business	2a. Mailing Address		4. FEI Number App		Applied For	
21		26	· · · · · · · · · · · · · · · · · · ·	r.=		65-0767423	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing	\$5.00 May Be
28			<del></del>			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes or has paid the	
24	25 9. Name and Address of Curren	29	[30]			Personal Property Tax due June 30.	Yes No
A.C	······································	it Hegistered Agent		B1 Name		10. Name and Address of New Register	ed Agent
NEAVES, WILLIAM L				Name	,		
14141 LURAY RD. FT. LAUDERDALE FL 33330			Ī	32 Stree	Addres	ss (P.O. Box Number is Not Acceptable)	
rı.	LAUDERDALE PL 33330		-	33			
			['	33			
			1	City		F	85 Zip Code
11. Pursuant office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida <b>Statu</b> of Florida. Such change was ations of, Section 607.0505, Fl	tes, the ab- authorized orida Statu	ove-name by the co tes.	d corpoi rporatio	ration submits this statement for the purposen's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AND			Agent signatu	e required	when reinstating) DATI	
TITLE	DPT	DELÉTÉ	13.	c	N)	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	NEAVES, WILLIAM L	1.2 NA			"	rector, president	E quaride C veviling 1
STREET ADDRESS	4444 LUDAV DO			1.3 STREET ADDRESS			[ 5
CITY-ST-ZIP	ET I ALIDEDDALE EL 2000			-ST-ZIP			ا
TITLE	DVS	DELETE	2.1 TITL		070	e, V.P, SEC, TAES	Change Addition
NAME	NEAVES, PEGGY A		2.2 NAM	IE	"	1 11 1 - 60 11160	
STREET ADDRESS	14141 LURAY RD.		2.3 STRI	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33330		2. 4 CITY-ST-ZIP				
TITLE		DELETE 31TI		E			☐ Change ☐ Addition
NAME	3.2 N		3.2 NAM	ΙE			
STREET ADDRESS	3.35		3.3 STR	ET ADDRESS			
CITY-ST-ZIP			3.4. CIT	- ST-ZIP			
TIFLE	☐ DELETE		4.1 T(T)	4.1 TITLE			Change Addition
NAME			4. 2 NAN	1E			
STREET ADDRESS			4.3 STR	ET ADDRESS	1		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE	DELETE 5.1 TI		5.1 TITLI		ĺ		Change Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	et address			. [
CITY-ST-ZIP			5.4 CITY		ļ	1997	
TITLE		☐ DELETE	6.1 TITLE				Change Addition
NAME			6.2 NAM			•	
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP	estifus that the information and the second	U. 41.1. 200	6.4 CITY	ST - ZIP	<u> </u>	440.07(0V) F)	

4. 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 attachment with an address.

CICMATURE.

///// Common

9 11 06

4-11-12-1-00-