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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055963 1. Corporation Name

INTUITIVE INFORMATION, INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90054 006 ***158.75



Principal Place	e of Business	Mailing Address						
618 LONGMEAD	OOW CIRCLE	P.O. BOX 916370			1			
LONGWOOD FL 32779		LONGWOOD FL 32791-370			DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed			
					06/24/1997			
2 Principal P	lace of Rusiness	2a, Mailing Address			4. FEI Number		Aı	plied For
21 3/2	lace of Business	26 312 4 15 51			59-3457118		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	\$8.75	Additional	
22 SU175 303		27 SUITE 303		5. Certifcate of Status Desired	W	Fee R	equired	
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23 SANFORD, FL		28 JANFORD, PL		Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip Country			8. This corporation owes the curre			i
24 3 2 7	7/ 25 USA	29 36 77/ 30	V-1	14	Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	tegistered A	gent	
01114	DO DODEDT M		81	Name				
	DO, ROBERT M		82	Street	Address (P.O. Box Number is Not Accepta	ıble)		
	LONGMEADOW CIRCLE		_	<u> </u>				
LUN	GWOOD FL 32779		83	ļ				
			84	City		FL	85 Zip	Code
44 Burayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes th	he abov	e-named	corporation submits this statement for the	purpose of c	hanging its	registered
office or r	enistered agent or both in the State :	of Florida. Such change was author	пиеа оу	the corpo	oration's board of directors. I hereby accep	t the appoint	ment as re	egistered
•	m familiar with, and accept the obligation	tions at, Section 647.0505, Florida	Statutos					ł
SIGNATURE	Signature, typed or printed name of registered ager	nt and bibe if applicable. (NOTE: Regin	stered Age	nt signature re	equired when reinstating)	DATE	-	
12.	OFFICERS AN		13		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	PTD	☐ DELETE	1.1 TITLE		1 10 /1/4		Change	Addition
NAME	SHYDO, ROBERT M		1.2 NAME		JOHANNA J			
STREET ADDRESS	618 LONGMEADOW CIRCLE	1	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-5	T-ZIP				Addition
TITLE	VSD							☐ Addidon (
NAME	BALBOA, CATHLEEN C	C) DELETE	2.1 TITLE				Change	
STREET ADDRESS			2.1 TITLE 2.2 NAME			.,	Change	
CITY-ST-ZIP	657 TOMLINSON TERRACE	_	2.2 NAME	T ADDRESS		.,	Change	
			2.2 NAME					TT Allian
TITLE	657 TOMLINSON TERRACE	☐ DELETE	2.2 NAME 2.3 STREE 2. 4 CITY- 3.1 TITLE	ST-ZIP	V D	.1	Change	☐ Addition
NAME	657 TOMLINSON TERRACE	[] DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP	PLAICE JOHANNA	i J rest		□ Addition
	657 TOMLINSON TERRACE	[] DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP	PLAICE, JOHANNA 546 VALENCIA STI	iest.		€Addition
TRANS	657 TOMLINSON TERRACE	[] DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ST-ZIP	V D PLAICE, JOHANNA 546 VALENCIA STI SANFORD, FL 32:	1 1887 77/	☐ Change	
STREET ADDRESS	657 TOMLINSON TERRACE	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ST-ZIP T ADDRESS ST-ZIP	PLAICE, JOHANNA 546 VALENCIA STI	1 J 1865 77/		☐ Addition
STREET ADDRESS CITY-ST-ZIP	657 TOMLINSON TERRACE	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ST-ZIP T ADDRESS ST-ZIP	PLAICE, JOHANNA 546 VALENCIA STI	128T	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	657 TOMLINSON TERRACE LAKE MARY FL 32746	[] DELETE	2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	PLAICE, JOHANNA 546 VALENCIA STI	iest 77/	☐ Change	
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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 attachment with an address, with all other like empowered.

SIGNATURE

407-302-2725