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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057353 (9)
1. Corporation Name

INBS DATA SERVICES, INC.



Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD STE 200
MIAMI FL 33181

11900 BISCAYNE BLVD STE 200
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

05-0766656

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LINDA M
11900 BISCAYNE BLVD STE 200
MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KOCH, ROGER L
STREET ADDRESS 2137 HIBISCUS CIR
CITY-ST-ZIP NO MIAMI FL 33181

☐ DELETE

TITLE STD
NAME TRIPODO, ANTHONY J
STREET ADDRESS 1131 NE 97 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

☐ DELETE

TITLE D
NAME CHISHOLM, JOHN
STREET ADDRESS 850 NE 123 STREET
CITY-ST-ZIP NO MIAMI FL 33181

☐ DELETE

TITLE D
NAME GLEITSMANN, ROBERT J
STREET ADDRESS 1801 S TREASURE DR #302
CITY-ST-ZIP NO BAY VILLAGE FL 33141

☐ DELETE

TITLE D
NAME MOUSSA, GEORGE
STREET ADDRESS 4760 SW 143 AVE
CITY-ST-ZIP MIAMI FL 33175

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

520 NW 60 CT
Miami FL 33126

AS
LINDA M. SMITH, ESQ.
11900 Biscayne Blvd., Suite 200
Miami, FL 33181

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.

SIGNATURE

Asst. Sect. 4/22/98 (305) 866-6434

CR2E034 (10/97)