

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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90013 041 ***550.00

DOCUMENT # P97000092448

1. Corporation Name

INVESTORS NETWORK SERVICES, INC.

Principal Place of Business

5461 N FEDERAL HWY
FORT LAUDERDALE FL 33308

Mailing Address

5461 N FEDERAL HWY
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0792830

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2328 Edison Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 2328 Edison Ave.

Suite, Apt. #, etc.

City & State

23 Ft. Myers, FL

City & State

28 Ft. Myers, FL

Zip

24 33901

Country

25 USA

Zip

29 33901

Country

30 USA

9. Name and Address of Current Registered Agent

O'CONNELL, BARBARA
5461 N FEDERAL HWY
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME O'CONNELL, BARBARA
STREET ADDRESS 619 NW 132 TERR
CITY-ST-ZIP PLANTATION FL 33325

TITLE VP ☐ DELETE

NAME DEHAVEN, THERESA
STREET ADDRESS 6921 W ATLANTIC BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ DELETE

NAME MUNOZ, TOM
STREET ADDRESS 1600 NE 52 ST
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME O'CONNELL, BARBARA
1.3 STREET ADDRESS 1124 SE 1st TERR
1.4 CITY-ST-ZIP Cape Coral, FL 33990

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DeHaven, Theresa
2.3 STREET ADDRESS 2201 SE 32nd TERR
2.4 CITY-ST-ZIP Cape Coral, FL 33904

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Munoz, Tom
3.3 STREET ADDRESS 1212 3rd St. E
3.4 CITY-ST-ZIP Lehigh, Aches, FL 33936

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/99 941-332-3500