

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90030 037 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000096312

1. Corporation Name  
**INTERNATIONAL BID SERVICE, INC.**



Principal Place of Business: 3300 N. PACE BLVD. STE. 507 PENSACOLA FL 32505  
 Mailing Address: P.O. BOX 8119 PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3477958	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JESMONTH, RICHARD E 217 A EAST INTENDENCIA ST PENSACOLA FL 32501				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESMONTH, RICHARD E	1.2 NAME	
STREET ADDRESS	217 A EAST INTENDENCIA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GERALD R	2.2 NAME	
STREET ADDRESS	3300 N PACE BLVD., STE. 507	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	2.4 CITY-ST-ZIP	
TITLE	M.D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUPTA, SUNIL	3.2 NAME	
STREET ADDRESS	289 PLANTATION HILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOUN, FREDERIC	4.2 NAME	
STREET ADDRESS	4857 LETTERKENNY ROAD, W	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMBERSBURG PA 17201-8789	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPELEWSKI, LEE J	5.2 NAME	
STREET ADDRESS	4400 BAYOU BLVD, SUITE 39B	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, CARL R	6.2 NAME	
STREET ADDRESS	4400 BAYOU BLVD., STE. 39B	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	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 REQUIRED \_\_\_\_\_ Date: 2/27/99 8:00 432-5888 Daytime Phone #

CR2E034 (11/98)