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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90074 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107723
1. Corporation Name
INTELLIGENCE SERVICES CORPORATION

Principal Place of Business
621 NW 53RD ST. SUITE 300
BOCA RATON FL 33487
Mailing Address
621 NW 53RD ST. SUITE 300
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1997
4. FEI Number
65-0800174
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
ARNOLD, ROBERT J
621 NW 53RD ST, SUITE 300-
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
Arnold, Robert J.
82 Street Address (P.O. Box Number is Not Acceptable)
224 Datura Street Suite 315
84 City
West Palm Beach FL
85 Zip Code
33401

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) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows 12-16 show officers and directors: HALMOS, PETER and ARNOLD, ROBERT.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and a Change/Addition checkbox. Rows 13-17 show additions of officers and directors.

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] SIGNATURE REQUIRED
3/8/99 561-833-6300
Date Daytime Phone #

0321124

CR2E034 (1:1/98)