

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90003 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 (L) 150		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000001523 ✓ 1. Corporation Name INTUITIVE SOLUTIONS, INC.			
Principal Place of Business 18781 SW 294TH TERR MIAMI FL 33030		Mailing Address 18781 SW 294TH TERR MIAMI FL 33030	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date incorporated or Qualified 01/05/1998		4. FEI Number 65-0803970	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent CULLEN, JOHN T 7411 MIAMI LAKES DR MIAMI LAKES FL 33014	
9. 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		10. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME D ST. JOHN, PAMELA STREET ADDRESS 18781 SW 294TH TERR CITY-STATE-ZIP MIAMI FL 33030		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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.			
SIGNATURE: <i>Pamela St. John</i>		7/2/99 Date Daytime Phone #	

CR2E034 (5/99)