

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008931

RESOURCE INFORMATION SERVICES, INC.

Drivered Bloc	e of Business	Mailing Address			1100100110001100011000110001100011000110000		
•		2281 TONIWOOD UN.					
2281 TONIWOO		PALM HARBOR FL 34685					
PALM HARBOR FL 34685 PALM HARBOR FL 34685					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
:					01/27/1998		Ţ
3 Delegand D	Hone of Dissipant	2a. Mailing Address			4. FELNumber	App	lied For
_ ·	Place of Business	26 26	-	-	59-3489964	Not	Applicable
21	#	Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt.	. #, etc.	→ ``			5. Certifcate of Status Desired	Fee Req	
22	The second secon	27			. I	\$5.00 N	
City & Stat	te '	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28	Count				7. 555
Zip	Country	Zip ' r	_	ı y	 This corporation owes the current year Personal Property Tax. 		□No
24	25		30		10. Name and Address of New Register		
	9. Name and Address of Currer	nt Registered Agent		1 Name	TU. Name and Address of New Asystati	oo Agent	
	SSINAH, STEPHEN P	•	l°	Name			
		_	a	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	1 TONIWOOD LN.	•	18				
PAL	PALM HARBOR FL 34685				•		1
			-	4 City		85 'Zip Co	òde
			l°	14 City	ĵ		
44 Pureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s, the abo	ve-named com	poration submits this statement for the purpos	e of changing its r	egistered
office or	registered agent, or both, in the State	of Florida. Such change was as	thorized t	by the corporati	on's board of directors. I hereby accept the al	xpointment as regi	istered
agent. I t	am familiar with, and accept the obliga	itions of, Section 607.0505, Flor	IOS SCATUS	58.			Į
SIGNATURE	Signature, typed or printed name of registered age	and the Handlands	Baristaral &	pent signature require	ri when reinstating) DATE	<u> </u>	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12 Addition
TITLE	STREET S	□ DELETE	1,1 17114			Change	Addition
	DOESIDENT O		12 NAM				1
NAME	Greaten P. OU	SSINAL		ETADORESS			
STREET ADDRESS	ZZBI TONIWOO	ow.					
CITY-ST-ZIP	They HAran	a = 34682	1.4 CITY			Change	Addition
TITLE	FHEM HADDON	DELETE	2.1 TITU	· .		□ crange	
NAME			2.2 NAM	E			
STREET ADDRESS	s - · · · · ·		2.3 STR	EET ADDRESS .	•		}
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
I NAME				E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
1	٦			7-ST-ZIP			
CITY-ST-ZIP	<u> </u>	€ DELETE	4.1 TITU			☐ Change	Addition
TITLE	}	ے۔	4.2 NA				1
NAME							. }
STREET ADDRESS	S			ET ADDRESS			
CITY-ST-ZIP	ļ ·			-ST-ZIP		Change	Addition
TITLE	1	☐ DELETE	5.1 TITU		•	⊓ுவவித	ا رسمیانیسا ت
NAME			52 NAM				J
CONCET ADVANCE	.		5.3 STR	ETADORESS			ŀ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

& 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

OELETE

Change

Addition

FILED

Mar 23, 1999 8:00 am Secretary of State

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