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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90276 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P980000011689

1. Corporation Name

Fleet Informer, Inc.

Principal Place of Business

Mailing Address

4520 NE 18th Ave
Suite 101
Ft. Lauderdale 33334

4520 NE 18 Ave
Suite 101
Ft. Lauderdale 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-4-98

2. Principal Place of Business

21 4520 NE 18 Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0805491

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 101

Suite, Apt. #, etc.

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Ft. Lauderdale FL

City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33334

Country

25 US

Zip

29 33334

Country

30 US

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Francis X. Maloney

82 Street Address (P.O. Box Number is Not Acceptable)

4520 NE 18 Ave

83

Suite 101

84 City

Ft. Lauderdale

FL

85 Zip Code

33334

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP. Rachel Spinka X DELETE

NAME

STREET ADDRESS 5845 W. Hollywood Blvd.

CITY-ST-ZIP Hollywood FL 33021

1.1 TITLE

President, Secretary, Treasurer

1.2 NAME

Francis X. Maloney

1.3 STREET ADDRESS

4520 NE 18 Ave Suite 101

1.4 CITY-ST-ZIP

Ft. Lauderdale FL 33334

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 #

4/8/99

954-202-9430

CR2E034 (11/98)