

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000036292

1. Corporation Name
INFO-BIZZ, INC.

Principal Place of Business
1301 BEVILLE ROAD
SUITE 17
DAYTONA BEACH FL 32119

Mailing Address
1301 BEVILLE ROAD
SUITE 17
DAYTONA BEACH FL 32119

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

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 (110 days prior to filing)

(Print Name, Street Address, City, State, and Zip of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME TROMBLEY, PATRICIA A

STREET ADDRESS 1301 BEVILLE ROAD

CITY-STATE-ZIP DAYTONA BEACH FL 32119

TITLE [] DELETE

NAME MARCH, LILLIAN L

STREET ADDRESS 1301 BEVILLE ROAD

CITY-STATE-ZIP DAYTONA BEACH FL 32119

TITLE [] DELETE

NAME MARCH, NORMAN R

STREET ADDRESS 1301 BEVILLE ROAD

CITY-STATE-ZIP DAYTONA BEACH FL 32119

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE [] Change [] Add

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE [] Change [] Add

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE [] Change [] Add

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE [] Change [] Add

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE [] Change [] Add

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), 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: Patricia A Trombley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-99 (904) 304-9191

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