
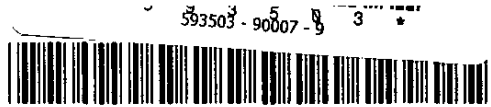


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**  
07-22-1999 90007 009 \*\*\*550.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P98000046484**  
1. Corporation Name  
**INFORMATION RADIO SYSTEMS, INC**



|  |  |
|--|--|
| Principal Place of Business<br>101 N. RIVERSIDE DR. SUITE 212A<br>POMPANO BEACH FL 33062 | Mailing Address<br>101 N. RIVERSIDE DR. SUITE 212A<br>POMPANO BEACH FL 33062 |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 101 N. Riverside Dr<br>Suite, Apt. #, etc.<br>22 212-A<br>City & State<br>23 Pompano Bch FL<br>Zip<br>24 33062<br>Country<br>25 USA |  | 2a. Mailing Address<br>26 101 N. Riverside Dr<br>Suite, Apt. #, etc.<br>27 212-A<br>City & State<br>28 Pompano Bch FL<br>Zip<br>29 33062<br>Country<br>30 USA |  | 3. Date Incorporated or Qualified<br>05/22/1998   |  |
| 4. FEI Number<br>65-0845888  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | 5.00 May Be Added to Fees   |  | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>MIERS, DAVID A<br>101 N. RIVERSIDE DR. SUITE 212A<br>POMPANO BEACH FL 33062 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name VINCENT A. Golod<br>82 Street Address (P.O. Box Number is Not Acceptable) 101 N. Riverside Dr<br>83 STE # 212-A<br>84 City Pompano Bch FL 85 Zip Code 33062 |  |  |  |
|--|--|--|--|---|--|--|--|

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 VINCENT A. Golod (Signature) 6/30/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS                 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |  |
| TITLE President - U-P-S-T                  | <input type="checkbox"/> DELETE | 1.1 TITLE President   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME VINCENT A Golod                       |                                 | 1.2 NAME VINCENT A Golod  |  |
| STREET ADDRESS 101 N. Riverside Dr # 212-A |                                 | 1.3 STREET ADDRESS 101 N. Riverside Dr Ste 212-A                  |  |
| CITY-ST-ZIP Pompano Bch FL 33062           |                                 | 1.4 CITY-ST-ZIP Pompano Bch FL 33062                              |  |
| 2.1 TITLE                                  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 2.2 NAME                                   |                                 |   |  |
| 2.3 STREET ADDRESS                         |                                 |   |  |
| 2.4 CITY-ST-ZIP                            |                                 |   |  |
| 3.1 TITLE                                  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 3.2 NAME                                   |                                 |   |  |
| 3.3 STREET ADDRESS                         |                                 |   |  |
| 3.4 CITY-ST-ZIP                            |                                 |   |  |
| 4.1 TITLE                                  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 4.2 NAME                                   |                                 |   |  |
| 4.3 STREET ADDRESS                         |                                 |   |  |
| 4.4 CITY-ST-ZIP                            |                                 |   |  |
| 5.1 TITLE                                  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 5.2 NAME                                   |                                 |   |  |
| 5.3 STREET ADDRESS                         |                                 |   |  |
| 5.4 CITY-ST-ZIP                            |                                 |   |  |
| 6.1 TITLE                                  |                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: (Signature) 6/30/99 954-421-2800

CR2E034 (5/99)