FILI	E NOW: FILING FEE	AFTER MAY 1ST IS	\$550.00	APTINO	7 P
	PROFIT RPORATION UAL REPORT 1999	FLORIDA DEPART Katherine Secretary DIVISION OF CO	e Harris of State	111.11 111.11 14 8- 1111. 66	; i 1: 03
DOCUMENT # P9800048510 1. Corporation Name INTELLIGENCE RESEARCH CORPORATION				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4520 POINT LOOKOUT ROAD ORLANDO FL 32808 Mailing Address 4520 POINT LOOKOUT ROAD ORLANDO FL 32808)	DO NOT WRITE IN TH	
21 623 Suite, Apt. 22 Bldg City & Sta	#.etc "N-3 Swk 4 hando, Aovida Country	Suite Apt # etc 27 OY a n.do, City 8 State - 28 OY ando, 219 3 28 w 7211 30	Morida	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Personal Property Tax 10. Name and Address of New Registere	\$3.75 Additional Fee Required \$5.00 May Be Added to Fees Intangit le
CARLSON, BONNIE 2112 STAUNTON AVE WINTER PARK FL 32714			82 Street Addre	mnk Carlson ess (P.O. Box Number is Not Acceptable) o Point Look out Road	32808 85 Zip Code
orrice or r	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Floridal Such change was authorations of, Section 607.0505, Florida	orized by the corporatio	oration submits this statement for the purpose on a board of directors. I hereby accept the application of the purpose of the	ointmei t as registered
STREET ADDRESS CITY-ST-ZIP TITLE NAME	P O BOX 607211 N/A ORLANDO FL 32860 STD MARCUM/ CHARLES	☐ DELETE	13 STREET ADDRESS 14 CITY-SY-ZIP 2 1 TITLE 2 2 NAME	900002902	[](nange []Add+on

CITY Addreon STREET ADDRESS P O BOX 607211 N/A ORLANDO FL 32860 -06/11/99--01073--003 23 STREET ADDRESS ****150.00 ****150.00 2 4 CITY-S1-ZIP [] DELETE TITLE [] Change [] Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 City-St-ZiP TITLE [| DELETE 41THLE [|Change [] Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP [] DELETE TITLE 5.1 TITLE [] Addition NAME 5.2 NAME **\$TREET ADORESS** 5.3 STREET ADORESS 54 City-St-ZiP CITY-ST-ZIP TITLE [| DELETE 61 TITLE [| Change [] Addition 6 2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIF

14. Thereby 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 this the information indicated on this annual report or supplience tal annual report is true and accurate and that my signature shall have the same legal effect as if made under oatlet han an officer or director of the corporation or the federace 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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