

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000098780

1. Corporation Name

INFORMATION 2000, INC.

Principal Place of Business

Mailing Address

6160 NW 76 COURT

6160 NW 76 COURT

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

05-10-1999 90116 013 ***150.00



| PARKLAND FL 3 | 3067 | PARKLAND FL 33007 | | DO NOT WRITE IN THIS SPACE | | |
|---------------------------------------|--|--------------------------------------|-------------------------------|--|---|------------------------|
| | | | | 3. Date Incorporated or Qualifed | | |
| | • | | | 11/20/1998 | | Cod Coo |
| 2. Principal Plants | ace of Business TH 4V4. | 2a. Mailing Address 26 840 メい 38 | Ave. | 4. FEI Number 65 - 0879 458 | | lied For Applicable |
| Suite, Apt. 1 | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Ac | |
| City & State |) | City & State | | 6. Election Campaign Financing | \$5.00 \ | May Be |
| 23 FULT | LAPRADOLE, FL | 28 FT. LOUDERDA | | Trust Fund Contribution | Added to | Fees |
| Zip 24 2331 | Country (25 V- S - A - | Zip 29 33311 30 | V·S·A | This corporation owes the current Personal Property Tax. | ☐ Yes | ŽÍNo |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Regi | stered Agent | |
| | DREIL BON | | 81 Name | Dow compact | | • |
| | PBELL, DON | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) |) | |
| 6160 NW 76 COURT PARKLAND\EL 33067 | | | 83 | 1 No 381 405 | <u>- </u> | |
| PAR | CLAMD JEL 33067 | | 83 | | | |
| | | | 84 PORT | - horocrople | FL 85 Zip C | 3 ግ (|
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, the | e above-named corp | poration submits this statement for the pur | pose of changing its re- | egistered istered |
| office or re agent. I ar | egisterediagent, or bothyin the State o m familiat with and accept the obligati | ions_of, Section 607.0505, Florida S | Statutes. | ion's board of directors. I hereby accept the | 2 2 9 9 | |
| SIGNATURE | | Dan campis | 6-11 (C) | 601 | 2, 1, 1, 1 | <u> </u> |
| | Signature, typed or printed name of registered agent | | tered Agent signature require | to wild a sinsteamy | DATE | 20 IN 12 |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | Addition |
| TITLE | | | 2 NAME V | HED DU ZENT AVE T. LAVOGRADALE IFE | _ • | _ |
| NAME | Don Campagu | .,, | 3 STREET ADDRESS | the our zent are | _ | |
| STREET ADDRESS | Don composell 840 in 28 mg Br | , Fa. 333(1) | 4 CITY-ST-ZIP | T. LAVIGRAPHE (FL | . 33311 | |
| CITY-ST-ZIP TITLE | PI: CANTION OF | DELETE 2 | 1 TITLE | | ☐ Change | Addition |
| NAME | | 2 | 2.2 NAME | _ | | |
| STREET ADDRESS | | 2 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 3 | 3.2 NAME | | | |
| STREET ADDRESS | | 3 | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 3 | 3.4. CITY- ST-ZIP | | | |
| TITLE | | ☐ DELETE 4 | L1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 4 | I. 2 NAME | | | |
| STREET ADDRESS | | 4 | 3.3 STREET ADORESS | | | |
| CITY-ST-ZIP | | 4 | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME . | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 C(TY-ST-Z)P | | | |
| TITLE | | | 8.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | ^ ^ | | 6.3 STREET ADDRESS | | | |
| O(T)/ ST 7ID | /// | Ε | 5.4 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 adjust 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 cotpolation or the receiver pr 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: