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 # P98000101403

1. Corporation Name

INFORMA	ation data analysis, inc).			
Principal Plac	e of Business	Mailing Address	1000		FIÚIT BIOIT BBIOR IITH (ADI
1902 W. CASS STREET 1902 W. CASS STREET TAMPA FL 33606 TAMPA FL 33606				DO NOT WRITE IN THIS SI	PACE
				3. Date Incorporated or Qualifed	
				11/30/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.		59-3569677	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6 Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country : 25	Zip 29 30	Country	Totabilat Topotty Tax.	Yes X No
'	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Ag	gent
1.6110	ATO MICHAEL V ID		81 Name		
LAURATO, MICHAEL·V J.D. 1902 W. CASS STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606			83		
17400	A 1 E 00000				./
			84 City	FL	85 Zip Code
11. Pursuant office or a agent. I a SIGNATURE	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.	rporation submits this statement for the purpose of chition's board of directors. I hereby accept the appointment when reinstating). DATE	nanging its registered ment as registered
12. ,	Signature, typed or printed name of registered age		tered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP OTTOERS A		1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	DELUNA, A. FRANK		1.2 NAME		;
STREET ADDRESS	4000 NU 0400 OTOTT	,	1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP		DAILE DAILE
TITLE	VD		2.1 TITLE	·	Change Addition
NAME	GONZALEZ, RANDOL		2.2 NAME		Ï
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33606		2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			S NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	`	
TITLE		_	4.1 TITLE	l	☐ Change ☐ Addition
NAME		i i	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
NAME		·	5.2 NAME		_ , _
STREET ADDRESS	,	• •	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 of the receiver of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

☐ DELETE

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90122 006 ***150.00