

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06345** (0)

1. Corporation Name

INSTANT DATA RESOURCES, INC.



Principal Place of Business

**3874 SHERIDAN ST
SUITE B
HOLLYWOOD FL 33021**

Mailing Address

**3874 SHERIDAN ST
SUITE B
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
10/12/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2750 N 29 Ave**

26 **2750 N 29 Ave**

4. FEI Number
65-0215861

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#310**

27 **#310**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Hollywood FL**

28 **Hollywood FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33020**

25 **U.S.A**

29 **33020**

30 **U.S.A**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERWISHT, CHERYL
3874 SHERIDAN ST
HOLLYWOOD FL 33021**

81 Name **BERWISHT, CHERYL**

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

2750 N 29 Ave #310

83 **Hollywood**

84 City **Hollywood**

FL 85 Zip Code **33020**

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

Cheyl Berisht

(Signature, typed or printed name of registered agent and the date it was made)

(Date if Registered Agent Signature required when re-appointing)

5-1-96

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE |
|-------|------------------|------------------|----------------|--------------------------|
| P | HOWARD WILLIAM R | 3874 SHERIDAN ST | HOLLYWOOD FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE | Change | Addition |
|-------|-------------------|--------------------|--------------------|--------------------------|-------------------------------------|--------------------------|
| P | HOWARD, William R | 2750 N 29 Ave #310 | Hollywood FL 33020 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

William R Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 954 929 7600
DATE DAYTIME PHONE

CR2E034 (12/95)