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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06381

Corporation Name
 IFNWAR INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90171 008 ***150.00

	, 1140.							
Principal Place	e of Business	Mailing Address			-			9,8,, 8,8,, ,44,
10785 ULMERTO		10785 ULMERTON RD						
LARGO FL 3377 US	LARGO FL 33778 US				DO NOT WRITE IN THIS	SPACE		
US		00				3. Date Incorporated or Qualifed 10/02/1990	7.	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	lade of Business	26				59-3029794	-	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$ <u>5.</u> 00	May Be
23		28				Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year in		
24	25	29	30	т.		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		04	N	10. Name and Address of New Registered	Agent	
JON	ASSEN, WILLIAM S.			81 1	Name	·		
	5 ULMERTON RD			82 8	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	30 FL							
Darie	3016			83				-
				84 (City	F-1	85 Zip	Code
				Щ.		FI	<u> </u>	to registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was	authorize	a ov tne	e corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment as	registered
SIGNATURE	Observed and a second registered and	at and title of applicable /NC	TC: Dagietara	d Agent six	anature required	when reinstating) DATE		(
12.	Signature, typed or printed name of registered age	<u> </u>	TE. Registere		gristale reduies	mion romana.g,		
14.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
	DP OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
TITLE	DP		1.1 1	ITLE		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	DP JONASSEN, WILLIAM S.		1.1 T		DDRESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS	DP JONASSEN, WILLIAM S. 10785 ULMERTON ROAD		1.1 T 1.2 N 1.3 S	ITLE IAME STREET AC		ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	DP JONASSEN, WILLIAM S.		1.1 T 1.2 N 1.3 S	ITLE IAME STREET AC SITY-ST-2		ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP JONASSEN, WILLIAM S. 10785 ULMERTON ROAD	□ OELETE	1.1 T 1.2 N 1.3 S 1.4 C	ITLE IAME STREET ACCOMY-ST-Z		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP JONASSEN, WILLIAM S. 10785 ULMERTON ROAD	□ OELETE	1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE IAME STREET ACCOMY-ST-Z	ŽIP .	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP JONASSEN, WILLIAM S. 10785 ULMERTON ROAD	□ OELETE	1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE IAME STREET AC STY-ST-Z TITLE IAME STREET AC	DDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP JONASSEN, WILLIAM S. 10785 ULMERTON ROAD LARGO FL	☐ DELETE	1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N	ITLE IAME STREET AD STY-ST-Z ITLE IAME STREET AD STREET AD	DDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 $\times 2 - 9 - 97$

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