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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 S40231 DOCUMENT #
1. Corporation Name

(0)

NEW AGE INFORMATION SERVICES, INC.						
Principal Place of Business Mailing Address						1959) (124 8191) 4181) 4191(414() 4181) 419() 1881)
12048 NORTHWEST 20TH STREET PLANTATION FL 33323			12048 NORTHWEST 20TH STREET PLANTATION FL 33323			
					3. Date Incorporated or Qualifie 03/22/1991	d 3a. Date of Last Report 04/27/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0250353	Not Applicable
Surte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Ciby & State		City & State			• Elystian Chrysnian Emperior	
City & State		28			 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Country	,		for intangible tax under s 199.032,
24	25	29	30		·	Yes ∐No
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of Nev	w Registered Agent
			81	Name		
SMITH, DONNA J.				Street Addre	ess (P.O. Box Number is Not Accep	otable)
	Orthwest 20th Street					
PLANTAT	TION FL 33323		83			
			84	City		85 Zip Code
				<u> </u>		FL 8 25 0000
11. Pursuant to or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo	02 and 607.1508, Florida Statut rida. Such change was authoriz	es, the above- ted by the corp	named corpora oration's boar	ation submits this statement for the d of directors. I hereby accept the a	purpose of changing its registered office appointment as registered agent. I am
familiar with	n, and accept the obligations of, Se	ction 607.0505, Florida Statute:	3		, ,	
SIGNATURE			OTE: Filosoferen Auto			DATE
12.	Signature, typed or printed name of registeres ago OFFICERS A	ND DIRECTORS	13.	rst Signafare respons		DEFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	Т	7,001110110 011111020 10	☐ Change ☐ Addition
NAME	SMITH, DONNA J.	<u> </u>	1.2 NAME			
STREET ADDRESS	12048 N.W. 20TH ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CHY - \$1-ZIP			
TITLE		☐ DELETE	2 1 TITLE			Change Addition
NAME	1		2.2 NAME			
STREET ADDRESS	:SS		2.3 STREET ADDRESS			1
CITY - ST - ZIF	TY+ST-ZIF		2.4 CITY - ST - ZIP			
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NAME	1		3 2 NAME			
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NAME			4.2 NAME			
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CITY-ST-ZIP TITLE	44 C/IY-SI ☐ DELFIE 5 1 1/(LF				Change Addition	
		[] beard	5.2 NAME			
NAME STREET ADDRESS				LADDRESS		
1			5.4 CITY-	•		
CITY-ST-ZIP TITLE			6 1 TITLE			Change Addition
NAME			6.2 NAMÉ			
STREET ADORESS			1	I ADDRESS		1
CITY-ST-ZIP			6.4 CITY -			

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 trusted 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 open attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

954-726-9898