

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 # **S41069**

1. Corporation Name

OUTBOUND-M.I.S., INC.

Principal Place of Business

927 FERN STREET, SUITE 250
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

927 FERN STREET, SUITE 250
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

Suite, Apt. #, etc.

City & State

23

28

City & State

Zip

24

29

Zip

Country

25

30

Country

9. Name and Address of Current Registered Agent

DELZINGARO, CELESTE M
927 FERN STREET, SUITE 250
ALTAMONTE SPRINGS FL 32701

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | VP | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELZINGARO, CELESTE M | | 1.2 NAME |
| STREET ADDRESS | 508 ELLSWORTH ST. | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL | | 1.4 CITY-ST-ZIP |
| TITLE | P | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLK, THOMAS | | 2.2 NAME |
| STREET ADDRESS | 21250 WOLFBRANCH RD | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | MOUNT DORA FL | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Celeste M. Delzingaro* Date: *4/15/99* Daytime Phone #: *407-830-7773*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

005/07/01

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90165 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

4. FEI Number

59-3058014

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

CR2E034 (11/98)