03-01-1999 90179 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$73202**

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

VANTAGE INFORMATION SERVICES, INC.

Principal Place	of Business	Mailing Address					(8:8 4)
1355 WEST PALMETTO PARK ROAD SUITE 315 BOCA RATON FL 33486		1355 WEST PALMETTO PARK ROAD SUITE 315 BOCA RATON FL 33486		DO NOT WRITE IN THE	S SPACE		
					3. Date Incorporated or Qualified 08/14/1991		
2. Principal Pl	ace of Business	2a. Mailing Address	¬		4. FEI Number 65-0283504	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25	Zip Ccc 29 30	untry		This corporation owes the current year In Personal Property Tax.	Yes Yes	<u> </u>
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Registered	J Agent	
			81	Name			
ROGER M. POMERANCE P.A. 1900 CORPORATE BLVD., NW			82 Street Add		ess (P.O. Box Number is Not Acceptable)		
	E 201A A RATON FL 33431		83				
			84	1	F	L	Code
office or re agent. I as	egistored agent, or both, in the State in familiar with and accept the obliga	of Florida. Such change was authorize tions of, Section 607.0505, Florida Sta	itutes	the corporation.	oration submits this statement for the purpose on's board of directors, i hereby accept the approach of the purpose of the pur	intment as i	registered
	Signature, typed or printed name of registered age			nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.			TITLE		ADDITIONS/CITATOES TO CIT IDENCY	Change	
TITLE	D CAROOCIANI DAVID	_	NAME				
NAME	GAROOGIAN, DAVID						
STREET ADDRESS	7261 BURGESS DRIVE			TADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		CITY-S'	T-ZIP		Change	Addition
TITLE	D CAROCIAN RUCKA	- '					
NAME	GAROOGIAN, RHODA	1	NAME	T. A. D. D. D. C. C.			
STREET ADDRESS	3943 ANTIGUA POINT DR			TADORESS			_
CITY-ST-ZIP	BOCA RATON FL		CITY-S	51-ZIP	<u></u>	☐ Change	Addition
TITLE	D CAROOCIAN ANDREW	_	NAME				_
NAME	Garoogian, andrew 3943 antigua point dr	4		T ADDRESS			}
STREET ADDRESS	BOCA RATON FL	i	CITY-5				
CITY-ST-ZIP TITLE	BOOK HATONTE		TITLE	31-21		☐ Change	e
NAME		_	NAME				
STREET ADDRESS				TADDRESS			
			CITY-S				İ
CITY-ST-ZIP TITLE			TITLE	11-211		☐ Change	e Addition
NAME			NAME			_	
STREET ADDRESS				TADDRESS			ļ
	i I	54	CITY-S	ST-ZIP			ļ
CITY-ST-ZIP TITLE			TITLE			Change	e Addition
NAME	i		NAME				
STREET ARRESS	1	6.3	STREE	T ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: A