FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V40200

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INSYTE	INFORMATION SERVICES,	INC.			
Principal Place of Business Mailing Address 2206 MALIBU DRIVE BRANDON FL 33511 US Mailing Address 2206 MALIBU DRIVE BRANDON FL 33511-7236 US					
				3. Date incorporated or Q 05/29/1992	ualified 3a. Date of Last Report 04/29/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3125715	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status De	sired S8.75 Additional
22		27	<u> </u>		Fee Required
City & State		City & State			noing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	_ 	30	This corporation has lia Florida Statutes	bility for intangible tax under s. 199.032, ☐ Yes 🔀 No
47	9. Name and Address of Curren		30]	10. Name and Address of	
SH/	AW, CHARLES L		B1 Name	α α α	ω
916 DELANEY CIRCLE SUITE 106				Address (P.O. Box Number is Not	
BR/	NDON FL 33511		83		
			84 CIV 3	randon	FL 85 Zin Code //
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obligations.	2 and 607.1508, Florida Statute of Florida. Such change was at attons of Section 607.0505. Flor	es, the above-named uthorized by the corp ride Statutes	corporation submits this statement poration's board of directors. I here	for the purpose of changing its registered by accept the appointment as registered
SIGNATURE					
12,	Signature typed or printed name of registered age OFFICERS AN		: Registered Agent signature		DATE O OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE	> ADDITIONS/CHANGES I	ZLettange
NAME	SHAW, CHARLES L.	_		Charles L. Shau	J-
STREET ADDRESS 916 DELANEY CIRCLE, STE.106		1.3 STREET ADDRESS	2206 MALLON FL	ا ملاً	
CITY - ST - ZIP	BRANDON FL		1.4 CITY-ST-ZIP	RRANDON IL	33511
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME '			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-7IP			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY-ST-ZIP		
TITLE		T Dereie	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME		□ precie	6.1 YITLE 6.2 NAME		first evenings TD Vacation (
STREET ADDRESS					
SITUAL PURPOS			6.3 STREET ADDRESS		

CITY-ST-ZIP

14. I do 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 Blo

SIGNATURE:

Jan 19, 1997 813-684-5866

FILED

Feb 18 1997 8:00am

Secretary of State