

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V48689			
1. Corporation Name CONSUMER INFORMATION SERVICES NETWORK, INCORPORATED			
Principal Place of Business 12360 SW 132ND CT. SUITE #211-A MIAMI FL 33186 US		Mailing Address 12360 SW 132ND CT SUITE #211-A MIAMI FL 33186 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 07/02/1992	
21	2a. Mailing Address	4. FEI Number 65-0347459	
Suite, Apt. #, etc.		Applied For ☐ Not Applicable	
22	2b. City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	2c. Zip	7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Country		8. Name and Address of Current Registered Agent	
24	2d. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
25		31 Name	
26		32 Street Address (P.O. Box Number is Not Acceptable)	
27		33	
28		34 City	
29		35 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			
(NOTE: Registered Agent signature required when registering)			
DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)