

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:14

DOCUMENT # 719954 (0)

1. Corporation Name
PRIDE INTEGRATED SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2711 EXCHANGE CT WEST PALM BEACH FL 33409	Mailing Address 2711 EXCHANGE CT WEST PALM BEACH FL 33409
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3. Date Incorporated or Qualified 12/30/1970	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7098114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent

CONSIDINE, JOSEPH M
105 SOUTH NARCISSUS AVENUE
SUITE 412
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONS, STEVEN	1 2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE., SO, #102	1 3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1 4 CITY - ST - ZIP	
TITLE	VPD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANICH, ROGER	2 2 NAME	
STREET ADDRESS	1070 SINGER DRIVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BCH. FL	2 4 CITY - ST - ZIP	
TITLE	PD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORANDBY, RICHARD	3 2 NAME	
STREET ADDRESS	421 3RD STREET	3 3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	3 4 CITY - ST - ZIP	
TITLE	EXECUTIVE DIRECTOR	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APNE L HILF	4 2 NAME	
STREET ADDRESS	2711 EXCHANGE CT	4 3 STREET ADDRESS	
CITY - ST - ZIP	W.P.B., FL 33409	4 4 CITY - ST - ZIP	
TITLE		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		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	

REMITTED BY MAY 1

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 110.07(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Apne L Hilf EXECUTIVE DIRECTOR 4/27/96 404-683-6776
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR