

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jan 29 1996 8:00 am  
Secretary of State

**DOCUMENT # 719954 (0)**  
1. Corporation Name  
**PRIDE INTEGRATED SERVICES, INC.**



Principal Place of Business: 2711 EXCHANGE CT WEST PALM BEACH FL 33409  
Mailing Address: 2711 EXCHANGE CT WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 12/30/1970  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
		26			23-7098114	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		28			<input type="checkbox"/>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		29			<input type="checkbox"/>	
24	Zip	25	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		29				

**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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	STD KOONS, STEVEN	<input checked="" type="checkbox"/>
NAME	1801 AUSTRALIAN AVE., SO, #102	
STREET ADDRESS	WEST PALM BEACH FL	
CITY - ST - ZIP		
TITLE	VPD KRANICH, ROGER	<input checked="" type="checkbox"/>
NAME	1070 SINGER DRIVE	
STREET ADDRESS	RIVERA BCH. FL	
CITY - ST - ZIP		
TITLE	JORANDBY, RICHARD	<input type="checkbox"/>
NAME	421 3RD STREET	
STREET ADDRESS	WEST PALM BEACH, FL00000	
CITY - ST - ZIP		
TITLE	ED HILF, ANNE C	<input type="checkbox"/>
NAME	2711 EXCHANGE CT	
STREET ADDRESS	WEST PALM BEACH FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	STD Gary Heper	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	5601 Corporate Way #320		
1.3 STREET ADDRESS	West Palm Beach, FL 33407		
1.4 CITY - ST - ZIP			
2.1 TITLE	PP Ms. Mim George	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	421 3rd St.		
2.3 STREET ADDRESS	West Palm Beach, FL 33401		
2.4 CITY - ST - ZIP			
3.1 TITLE	VPD Emilio Diamontes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	2139 Palm Beach Lakes Blvd		
3.3 STREET ADDRESS	West Palm Beach, FL 33409		
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 119.07(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: Gary Heper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 1-17-96 (407) 688-6400  
Day/Time Phone #

CR2E037 (12/95)