

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

**FILED**

**Apr 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719954 (0)**

1. Corporation Name  
**PRIDE INTEGRATED SERVICES, INC.**



Principal Place of Business <b>2711 EXCHANGE CT WEST PALM BEACH FL 33409</b>	Mailing Address <b>2711 EXCHANGE CT WEST PALM BEACH FL 33409</b>
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3. Date Incorporated or Qualified  
**12/30/1970**

4. FEI Number  
**23-7098114**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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	<b>FL</b> 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD HERPER, GAREY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5601 CORPORATE WAY 320	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD GEORGE, MIM MS.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	421 3RD STREET	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD JORANDBY, RICHARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	421 3RD STREET	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH, FLO0000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ED HILF, ANNE C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2711 EXCHANGE CT	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD DIAMONTES, EMILIO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2139 PALM BEACH LAKES BLVD	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CFO SHELDON, TERRY	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1696 OLD OKEECHOBEE RD 35	6.2 NAME	
STREET ADDRESS	WPB FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*CFO  
Lori Woodley  
309 Maddox St.  
WPB FL 33405*

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lori Woodley* **REQUIRED** 2-17-98 5016840058

CP2E037 (10/97)