


FILE NOW: FILING FEE IS \$61.25

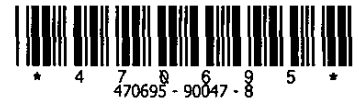
**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90047 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719954**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/30/1970	4. FEI Number 23-7098114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CONSIDINE, JOSEPH M 105 SOUTH NARCISSUS AVENUE SUITE 412 WEST PALM BEACH FL 33401				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERPER, GAREY	1.2 NAME	
STREET ADDRESS	5601 CORPORATE WAY 320	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, MIM MS.	2.2 NAME	
STREET ADDRESS	421 3RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORANDBY, RICHARD	3.2 NAME	Patrick McGreevey
STREET ADDRESS	421 3RD STREET	3.3 STREET ADDRESS	West Palm Beach, Florida
CITY-ST-ZIP	WEST PALM BEACH, FL00000	3.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILF, ANNE C	4.2 NAME	Maureen Ferrill
STREET ADDRESS	2711 EXCHANGE CT	4.3 STREET ADDRESS	7619 Little Road, Suite 350
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODLEY, LORI	5.2 NAME	
STREET ADDRESS	309 MADDOX ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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, with all other like empowered.

SIGNATURE: *SD Woodley* **REQUIRED** 4-28-99 541 5866432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)