

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001573 (1)

1. Corporation Name
INTEGRATED SYSTEMS CONTROL, INC.



Principal Place of Business 350 CENTRE POINTE DR VIRGINIA BCH FL 23462	Mailing Address 350 CENTRE POINTE DR VIRGINIA BCH FL 23462
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1997	
4. FEI Number 54-1245469	Applied For Not Applicable
6. 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		10. Name and Address of New Registered Agent	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
23 Zip	24 Country	28 Zip	29 Country	83	84 City
25	25	30	30	FL	85 Zip Code

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NAME) _____ (TITLE) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP SPARKS, HOWARD F 350 CENTRE POINTE DR VIRGINIA BCH FL 23462	1.1 TITLE	CFD / SECRETARY / TREASURER
NAME		1.2 NAME	DEV GANESAN
STREET ADDRESS		1.3 STREET ADDRESS	10089 LEE HIGHWAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FAIRFAX, VA 22030
TITLE	DV BERRY, GALE V 350 CENTRE POINTE DR VIRGINIA BCH FL 23462	2.1 TITLE	BOARD OF DIRECTOR
NAME		2.2 NAME	TOM COSTELLO
STREET ADDRESS		2.3 STREET ADDRESS	10089 LEE HIGHWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FAIRFAX, VA 22030
TITLE	DS BERRY, CHRISTINE 350 CENTRE POINTE DR VIRGINIA BCH FL 23462	3.1 TITLE	BOARD OF DIRECTOR
NAME		3.2 NAME	CHUCK MARTINACHE
STREET ADDRESS		3.3 STREET ADDRESS	2170 ASHLEY PHOSPHATE RD, STS 700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CHARLESTON, SC 29406
TITLE	DT SPARKS, IRENE L 350 CENTRE POINTE DR VIRGINIA BCH FL 23462	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (757) 671-2501

CR2E034 (10/97)