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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

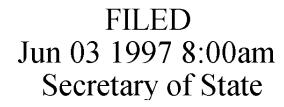
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J12789 (0)

INTERNATIONAL ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

Mailing Address





LONGWOOD FL 32750			LONGWOOD FL 32750-6148								
										of Last Report 5/1996	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			Applied For		
21		26					59-2674027			Not Applicable	
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22 City & State			City & State				6. Election Campaign Financing				
23		28					Trust Fund Contribution			led to Fees	
Zip	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29		30			Florida Statutes 🔀 Yes 🗌 No				
	9. Name and Address of Cu	rrent Regis	stered Agent		. 1		10. Name and Address of New Re	gistered	Agent		
	MPSON, LUCY	_		8	1	Name					
250 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750			82 Street		Street Add	Address (P.O. Box Number is Not Acceptable)					
LUN	1911000 FL 32/30			В	3						
				Ř	4	City			85	Zip Code	
					- [FL		•	
office or re agent. I ar SIGNATURE	agistered agent, or both, in the S in familiar with, and accept the o	State of Flori bligations o	ida. Such change was af, Section 607.0505, F	authorized I Torida Statut	by es.	the corpor	rporation submits this statement for the patient of the patient's board of directors. I hereby acceptived when renstating)	DATE	ointmen		
12.	OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PO		DELETE	1.1 7111.8	E				☐ Char	nge 🔲 Addition	
NAME	PHILLIPS, DAVID			1,2 NAM	E						
STREET ADDRESS	250 CROWN OAK CENTRI	E DRIVE		1.3 STRE	ET /	ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32750		The sector	1.4 CITY	_	1-7IP			T Char	an Addition	
TITLE			☐ DELETE	217016					Char	nge 🔲 Addition	
NAME				2 2 NAM			£.				
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	2 4 CHY 3 1 THU		i - ZIP			Char	nge Addition	
			ceren	32 NAM							
NAME Street address						ADDRESS					
CITY-ST-ZIP				34 CITY		i					
TITLE			DELETE	4.1 TITLE					Cha	nge Addition	
NAME				4. 2 NAN	ΛE						
STREET ADDRESS				4.3 STRE	EFT.	ADDRESS					
CITY-ST-ZIP				4.4 CITY	'- S1	T- <i>Z</i> (P					
TITLE			DELETE	5.1 THE	ŧ				Cha	nge 🔲 Addition	
NAME				5.2 NAM	M						
STREET ADDRESS				5.3 STRE	E{1	ADDRESS					
CITY-ST-ZIP				5.4 CITY	′- ST	I - ZiP					
TITLE			☐ DELETE	61 TITU	F				L Cha	nge L Addition	
NAME		_		6 2 NAM	41.						
STREET ADDRESS	/	1		63 S1R	EFI	ADDRESS					
CITY-ST-ZIP	/	/		6.4 CITY			and in Constant and Original Production Constant	o I formation	r opelif :	that the	
14 Ldo heret	ny aastitu that tha information cu	tioboot with t	thic blind Albee not out	auty for the e	voi	aumuon sial	ed in Section 119.07(3)(i). Florida Statute	is. 3 cutine	i ceruly	DOMESTICAL	

nosmor quanty for the exemption stated in section (1957), priorida statules, fluriner certify that the direport is true and accurate and that my signature shall have the same legal effect as if made under oath; that istee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name t with an address. information indicated on this annual I am an officer or director of the co appears in Block 12 or Block 13 if

402-332-7754