SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 AUG 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72936 (1)

1. Corporation Name
INFORMATION SYSTEMS BUILDERS, INC.

Principal Place of Business
413 OAK PLACE, BUILDING 5-UNIT J
PT. ORANGE FL 32127

Mailing Address
413 OAK PLACE 5-J
PT. ORANGE FL 32127
US

3. Date Incorporated or Qualified: 03/15/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2879360 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 3959 NOVA ROAD
Suite, Apt. #, etc.
22 SUITE 22
City & State
23 PORT ORANGE, FL
Zip 24 ~~FL~~ 32127 Country 25 USA

2a. Mailing Address
26 3959 NOVA ROAD
Suite, Apt. # etc.
27 SUITE 22
City & State
28 PORT ORANGE, FL
Zip 29 32127 Country 30 USA

9. **Name and Address of Current Registered Agent**
HOWELL, CHARLES C.
5904 WOODPOINT TER
PORT ORANGE FL 32124

10. **Name and Address of New Registered Agent**
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 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 [signature], PRESIDENT CHARLES C. HOWELL 8/21/96
Signature, typed or printed name of registered agent and title if applicable — REQUIRED: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, CHARLES C.		1.2 NAME	
STREET ADDRESS	5904 WOODPOINT TER		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROESSLER, JUDY R.		2.2 NAME	700001999657
STREET ADDRESS	5904 WOODPOINT TER		2.3 STREET ADDRESS	-08/30/96--01060--011 ****375.00 ****375.00
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

DR 8/30

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: [signature] CHARLES C. HOWELL 8/21/96 904-756-8758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)