**CORPORATION ANNUAL REPORT 1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
95 JUL -3 AM 8:29

# DOCUMENT # P93000044855 (3)

1. Corporation Name
**INTEGRATED COMPONENT SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7190 S.W. 99TH ST.<br>MIAMI FL 33156 | 7190 S.W. 99TH ST.<br>MIAMI FL 33156 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 04/19/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5490 N.W. 55 LA BLVD | 26 5490 NW. 55 LA BLVD. |
| Suite, Apt. #, etc<br>22 STE #-105 | Suite, Apt. #, etc<br>27 STE #-105 |
| City & State<br>23 COCONUT CREEK, FL | City & State<br>28 COCONUT CREEK, FL |
| Zip 33073 Country<br>24 25 USA | Zip 33073 Country<br>29 30 USA |

4. FEI Number: 65-0422659 — 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 been/will be involved with real property in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FENTON, EDWARD A
7190 S.W. 99 ST.
MIAMI FL 33156

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: (Typed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when changing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|---|---|---|---|
| 11 TITLE | P | 11 TITLE | ☒ Change ☐ Addition |
| 12 NAME | FENTON, ELIOT D | 12 NAME | PRESIDENT |
| 13 STREET ADDRESS | 3120 NW 88 AVE, STE 410 | 13 STREET ADDRESS | FENTON, ELIOT D |
| 14 CITY ST ZIP | SUNRISE FL | 14 CITY ST ZIP | 5490 N.W. 55 LA BLVD, STE #105<br>COCONUT CREEK, FL 33073 |
| 21 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | | 24 CITY ST ZIP | |
| 31 TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | | 32 NAME | |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

14. I (We) hereby certify that the information supplied with this filing is statutorily mandated and 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 added above with an address.

**SIGNATURE:** _____ 5/13/95 305-447-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

018A42 CR