

**CORPORATION
ANNUAL REPORT
1995**

Florida Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083541 (1)

1. Corporation Name

INTEGRATED SOLUTIONS GROUP, INC.

FILED

95 JUL -7 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**209 CHATEAUGAY ST.
FT. WALTON BEACH FL 32548**

Mailing Address

**757 HIGHWAY 98 EAST
STE - 14-144
DESTIN FL 32541
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

11/29/1993

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 4503 OCEAN VIEW DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DESTIN, FL

City & State

28

Zip

24 32541

Country

25 US

Zip

29

Country

30

4. FEI Number

59-3217030

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. 193.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**AVERA, PAM
209 CHATEAUGAY ST.
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

**81 Name LARRY O. AVERA
82 Street Address (P.O. Box Number is Not Acceptable)
4503 OCEAN VIEW DRIVE
83
84 City DESTIN FL 85 Zip Code 32541**

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 *Larry O. Avera* **LARRY O. AVERA PRESIDENT** **6-30-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AVERA, LARRY
STREET ADDRESS	209 CHATEAUGAY ST.
CITY - ST - ZIP	FT. WALTON BEACH FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4503 OCEAN VIEW DRIVE	
1.4 CITY - ST - ZIP	DESTIN, FL 32541	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAM AVERA	
2.3 STREET ADDRESS	4503 OCEAN VIEW DRIVE	
2.4 CITY - ST - ZIP	DESTIN, FL 32541	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(b), 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: *Larry O. Avera* **LARRY O. AVERA** **6-30-95 (904) 654-5444**
Signature, typed or printed name of signing officer or director (Date) (Signature) (Phone #)

CR2E034 (3/95)