

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077576 (4)
 1. Corporation Name
KENT INTEGRATED SYSTEMS, INC.



Principal Place of Business 14600 BISCAYNE BLVD. N. MIAMI BEACH FL 33181	Mailing Address 14600 BISCAYNE BLVD. N. MIAMI BEACH FL 33181-1212
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 04/30/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 65-0532972	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ALEXANDER, ORLY
14600 BISCAYNE BLVD.
N. MIAMI BEACH FL 33181

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when submitting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, SHLOMI	1.2 NAME	
STREET ADDRESS	248 BAL BAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, GIL	2.2 NAME	
STREET ADDRESS	3661 N. 52ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ORLY	3.2 NAME	
STREET ADDRESS	248 BAL BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 its trustee 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.

CR2E034 (9/96)