## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNL	PORATION JAL REPORT 1996	Secreta	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUI 1. Corporation	MENT # F5632	1 (5)							
INTEG	RATED SERVICES CORPO	RATION					li nër kran dia.		III. 51511 B1611 1341
Principal Place of Business  9 RABBITS RUN PALM BEACH GARDENS FL 33418		Mailing Address  20 BABBITS RD.  BEDFORD HILLS NY 10 US	20 BABBITS RD. BEDFORD HILLS NY 10507		Date Incorporated or Qualified	3a. Date			
2 Dainainal Cit	ace of Business					11/30/1981		/24/18	
21   21   21   21   21   21   21   21	ace of business	2a. Mailing Address 26				4. FEI Number 13-3097024			Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			.,	5. Certificate of Status Desired		\$8.7	5 Additional
City & State		City & State				6. Election Campaign Financing	Fee Required  \$5.00 May Be		
<b>Z</b> ip	Country	<b>28</b>	Cour	itry		Trust Fund Contribution  8. This corporation has liability for	intensible tay	Adde	ed to Fees
24	25	29	30			Florida Statutes  Yes	□ No		. 199.002,
	Name and Address of Curren	i Hegisterea Agent		81	Name	10. Name and Address of New R	egistered A	gent	
GREENE, STEVEN 9 RABBITS RUN PALM BEACH GARDENS FL 33418			L	B2 B3	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
			L	B4	City			10-1 -	- 0-1-
			J	- 1	•		FL		ip Code
SIGNATURE	or, find disopple the obligations of, obtain	on bor.0505, Fibrida Statutes.	s, the abov d by the co	e-n orpo	amed corpo pration's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of chan sintment as re	ging its agistered	registered office d agent. I am
12.	Signature ityped or printed name of registered agent a OF FICERS AND		F: Registered A	gent	signature require	ed when reinstating). ADDITIONS/CHANGES TO OFF	DATE	NOCOTA	200 111 40
7:11.6	D	DELETE	1.171	LE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME STREET ADDRESS CITY - STIZIE	GREENE, GUNILLA 9 RABBITS RUN PALM BCH GARDENS FL		1.3 STR	.2 NAME .3 STREET ADDRESS 4 CITY-ST-ZIP					
THE	D ODEENE OTENEN	☐ DELETE	2 1 TIT					Change	☐ Addition
NAME STREET ADJEESS	Greene, Steven 9 Rabbits Run		2 2 NA 2 3 STI		ADDRESS				
CITY-51-7IP	PALM BCH GARDENS FL		2.4 CIT						
TITUE NAME	d Greene, Jonathon	DEFETE	3 1 111					Change	☐ Addition
STREET ADDRESS	9 RABBITS RUN		3.2 NAM 3.3 STP		ADDRESS				
City Styzie	PALM BCH GARDENS FL		3 4 CiTY -		ĺ				
THE NAME		☐ DELETE	4 1 TITLE					Change	Addition
STREET ADDRESS			4 2 NAM 4 3 STR		ADDRESS				
CHY 51-70F			4.4 CITY		j				
THUE		DELETE	5 1 Till					Change	Addition
NAME Oracle and points			5 2 NAM						-
STREET ADDRESS CITY STIZIP			53 STR 54 CITY		ADDRESS . 7ID				
111.6		DELETE	6 1 TiTe		- ¢ II			Change	Addition

64 CITY - ST - ZiP 14. Let 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 early that I am an officer or director of the comporation 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 an attachment with an address.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

1-22-96
Daytime Phone #