FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 17 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F78119 (7)

1. Corporation Name
INTEGRATED SYSTEMS TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
~~6510 NEWBERRY ROAD, #1012~~ MB ~~GAINESVILLE FL 32605~~	~~6510 NEWBERRY ROAD, #1012~~ MB ~~GAINESVILLE FL 32605~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1982	3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2564710	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	2a. Mailing Address
21 4014 NW 13TH ST	26 P.O. BOX 90351
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GAINESVILLE, FL	28 City & State: GAINESVILLE FL
24 Zip: 32609 25 Country: ALACHUA	29 Zip: 32607 30 Country: ALACHUA

9. Name and Address of Current Registered Agent

LIPNACK, MARTIN I., ESQ.
7880 WEST OAKLAND PARK BLVD. #300
FT. LAUDERDALE FL 33321

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	BARUCH I, SHANNON K.	12 NAME	
STREET ADDRESS	~~6510 NEWBERRY RD. #1012~~ MB	13 STREET ADDRESS	285-10 CORRY VILLAGE
CITY-ST-ZIP	~~GAINESVILLE FL~~	14 CITY-ST-ZIP	GAINESVILLE FL 32603
TITLE	VSD	21 TITLE	☒ Change ☐ Addition
NAME	BARUCH, PAULETTE D.	22 NAME	
STREET ADDRESS	~~6510 NEWBERRY RD. #1012~~ MB	23 STREET ADDRESS	285-10 CORRY VILLAGE
CITY-ST-ZIP	~~GAINESVILLE FL~~	24 CITY-ST-ZIP	GAINESVILLE FL 32603
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: S Baruch SHANNON K. BARUCH I 3/31/95 (904) 846-6026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

000278 CP