

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

FILED  
May 13 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **F78119** (7)  
1. Corporation Name  
**INTEGRATED SYSTEMS TECHNOLOGIES CORPORATION**



Principal Place of Business  
**4014 NW 13TH STREET  
GAINESVILLE FL 32609  
US**

Mailing Address  
**P O BOX 80351  
GAINESVILLE F 32607-0351  
US**

2. Principal Place of Business  
21 **8203 N.W. 31st Ave**  
Suite, Apt. #, etc.  
22 **#H-52**  
City & State  
23 **Gainesville, FL**  
Zip Country Zip Country  
24 **32606** 25 **Alachua** 29 **30**

3. Date Incorporated or Qualified  
**04/28/1982**

3a. Date of Last Report  
**04/30/1996**

4. FEI Number  
**59-2564710**

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

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  
**Shannon K. Baruch**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8203 N.W. 31st Avenue, #H-52**  
83  
84 City  
**Gainesville** **FL** 85 Zip Code  
**32606**

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: *Shannon K. Baruch* **Shannon K. Baruch, Pres.** **03/03/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PSTD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>BARUCH I, SHANNON K.</b> |                                 |
| STREET ADDRESS | <b>285-10 CORY VILLAGE</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>       |                                 |
| TITLE          | <b>VD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>BARUCH, PAULETTE D.</b>  |                                 |
| STREET ADDRESS | <b>285-10 CORY VILLAGE</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>       |                                 |
| TITLE          | <b>VDE</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>HLANG, DANIEL P</b>      |                                 |
| STREET ADDRESS | <b>5004 NE 40TH ST</b>      |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>       |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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 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: *Shannon K. Baruch* **Shannon K. Baruch, Pres.** **3/ 3/97** **(352) 335-2077**

CR2E034 (9/96)