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# FILED
# May 05 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

DOCUMENT # **F79190** **(7)**

1. Corporation Name
**INTEGRATED FINANCIAL SERVICES INTERNATIONAL, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 789 CAROLYN DRIVE<br>OVIEDO FL 32765<br>US | PO BOX 1171<br>OVIEDO FL 32765<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 P O Box 62 1171 | 2a. Mailing Address<br>26 P O Box 62 1171 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 OVIEDO FL | City & State<br>28 OVIEDO FL |
| Zip 24 32762 1171 Country 25 SEM | Zip 29 32762 1171 Country 30 SEM |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>04/14/1982 | 3a. Date of Last Report<br>07/17/1996 |
| 4. FEI Number<br>59-2179398 | ☐ Applied For<br>☐ 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 | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PICKFORD, SHIRLEY R.<br>489 CAROLYN DRIVE<br>OVIEDO FL 32765 | 81 Name<br>82 Street Address (P.O. Box Number Is Not Acceptable)<br>83<br>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 Shirley R Pickford SHIRLEY R PICKFORD 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PICKFORD, SHIRLEY | | 1.2 NAME | |
| STREET ADDRESS | 489 CAROLYN DR | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | | 1.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ASENFORF, JOHN J | | 2.2 NAME | |
| STREET ADDRESS | 489 CAROLYN DR | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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:** Shirley R Pickford REQUIRED 1/16/97 4073598377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #