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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 OVIEDO FL 32765 US	PO BOX 1171 OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1982

4. FEI Number: 59-2179398 ☐ 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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 520 OLD MIMS RD	26 P O BOX 621171
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GENEVA FL	28 City & State: OVIEDO FL
24 Zip: 32732 25 Country: USA	29 Zip: 327621171 30 Country: SEMINOLE

9. Name and Address of Current Registered Agent

PICKFORD, SHIRLEY R.
489 CAROLYN DRIVE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: PICKFORD SHIRLEY R
82 Street Address (P.O. Box Number Is Not Acceptable): 520 OLD MIMS RD
83 GENEVA FL
84 City: FL 85 Zip Code: 32732

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 — 4/1/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PICKFORD, SHIRLEY 489 CAROLYN DR OVIEDO FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P PICKFORD SHIRLEY 520 OLD MIMS RD GENEVA FL 32732	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ASENFORF, JOHN J 489 CAROLYN DR OVIEDO FL 32765	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V ASENDORF JOHN J 520 OLD MIMS RD GENEVA FL 32732	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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 — 4/1/98 — 407 3490078