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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # H76286

(4)

INTEGRATED INDUSTRIAL SERVICES, INC.

Principal Place of Business Making Articless
2634 NICHOLAS CIR W. 2634 NICHOLAS CIR W.



JACKSONVILI	LE FL 32207-1755	JACKSONVILLE FL 3	2207-1755					
						3. Date incorporated or Qualified 09/13/1985	3a. Date of Las 03/22/	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	1 26					59-2590534		Not Applicable
Suite, Apt 7	#, etc	Scite, Apt. #, etc 27				5. Certificate of Status Desired	1 1 7	. 75 Additional ee Required
City & State	!	Oty & State	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28				Trust Fund Contribution	A	dded to Fees
<i>Ζ</i> ις:	Codetry	$Z_{(i)}$	jan	intry		8. This corporation has liability for in		rs 199.032.
24	25	29	30			Florida Statutes Yes		
	9. Name and Address of Curren	it Registered Agent		04		10. Name and Address of New Ro	egistered Agent	
				81	Name			
NEWMAN, MICHAEL P.					Street Addr	Address (P.O. Box Number is Not Acceptable)		
2634 NICHOLAS CIRCLE WEST								
JAX FL 32207				83				
				84	City		85	Zip Code
				Ì		ation submits this statement for the purp	FL 👸	
SIGNATURE	n, and accept the obligations of, Sect			J Ageril	t signature ragional	d wher-constantly	DATE	
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12
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NAMe	NEWMAN, JUDITH		12 N	4ME				
STREET ADDRESS	2634 NICHOLAS CIRCLE W		135	TREET	ADDRESS			
C-Tr - S* - Zif	JAX FL		140	'Y - S	· · ZI2			
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NAME:	NEWMAN, MICHAEL		22 N	ME				
STREET A JURESS	2634 NICHOLAS CIRCLE W.		235	lhée'	ADDRESS			
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STREET ASSURATION					ADDRESS			
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14. Ido hereby certly that the information supplied with this fileg 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 fegal effect as if made under cath, that I are an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on ac attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. NEWMAN 1-79-96

904-398-8124

Daytone Priorie