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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 27 1998 8:00am

1	JAL REPORT 1998	Secretary DIVISION OF CO		Secretary o	f State
DOCUMENT # H76286 (4)					
INTEGRATED INDUSTRIAL SERVICES, INC.					
				- (
Dr in al Gina	6 St (1	S.C. Was a Andreas			
Principal Plac		Mailing Address 2634 NICHOLAS CIR W.			
2634 NICHOLAS CIR W. 2634 NICHOLAS CIR W. JACKSONVILLE FL 32207-1755 JACKSONVILLE FL 32207-1755					
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				09/13/1985	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2590534	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	o Name and Address of Curre	29 30	0)	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NEWMAN, MICHAEL P. 81 Name					
2624 NICHOLAS CIRCLE WEST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
JAX FL 32207			Street Addre	ess (F.O. box Number is Not Acceptable)	
J			83		_
ļ			84 City		85 Zip Code
As Consumpt to the evoldings of Captions 607 0502 and 607 1509 Flexide Statutes the abo					L W Zp code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VI	DELETE	1.5 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, JUDITH 2634 NICHOLAS CIRCLE W		12 NAME		Ì
STREET ADDRESS	JAX FL		1,3 STREET ADDRESS		ŀ
CITY-ST-ZIP	DP -	DELETE	1,4 CITY-ST-ZIP 2,1 TITLE		Change Addition
NAME	NEWMAN, MICHAEL	_	2.2 NAME		
STREET ADDRESS	2634 NICHOLAS CIRCLE W.		2.3 STREET ADDRESS	Υ <u>π</u>	}
CITY-ST-ZIP	JAX FL		2, 4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		[
CITY-ST-ZIP		,	3,4. CITY-ST-ZIP		ì
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		l	4, 2 NAME		{
STREET ADDRESS		ļ	4.3 STREET ADDRESS		ļ
CITY - ST - ZIP		DELETE	4.4 CiTY-ST-ZIP		Change Addition
TITLE		☐ DETEIR	5.1 TITLE 5.2 NAME		L. Change L. Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY - ST - ZIP		-
TITLE	'	DELETE	6.1 TITLE		Change Addition
NAME		1	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filling 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 true 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 attactor and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true 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 attactor and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true employee.

SIGNATURE: