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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # H76286 1. Corporation Name

INTEGRATED INDUSTRIAL SERVICES, INC.

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90044 049 \*\*\*150.00



	'. · · ·						
Principal Place	of Business	Mailing Address					
2634 NICHOLAS CIR W. JACKSONVILLE FL 32207-1755  2634 NICHOLAS CIR W. JACKSONVILLE FL 32207-1755					DO NOT WRITE IN THIS	S SPACE	
	•				3. Date Incorporated or Qualifed		
	•				09/13/1985		
. Division Dia	on of Rusiness	2a, Mailing Address			4. FEI Number	<u> </u>	olied For
2. Principal Place of Business		26	<b>–</b>		59-2590534	\$8.75 A	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>~</b> 1 ,		5. Certificate of Status Desired	Fee Rec	quired .
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country		ountry		8. This corporation owes the current year li	ntangible	п.,
Zip	25	29 30			Personal Property Tax.		
24	9. Name and Address of Curren				10. Name and Address of New Registered	1 Agent	
	9. Maine and Addition		81	Name			
NEW	MAN, MICHAEL P. NICHOLAS CIRCLE WEST		82 Street Add		ess (P.O. Box Number is Not Acceptable)	<u> </u>	. s. St. v
	L 32207		83	<del>                                     </del>		in the state	134
		•	84	City	F	85 Zip (	Code
				<u> </u>		f I male a lan	registered
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Regist	tered Age		oration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose on's board of directors. I hereby accept the application of the purpose on the purpose of the pur		
12.	OFFICERS AN	ID DIKE OTOTIC	13.		ADDITIONS/CHARGES TO STATE	Change	Addition
TITLE	VT	Ç <u>.</u>	I.1 TITLE		•		ļ
NAME	NEWMAN, JUDITH		1.2 NAME	ET ADDRESS	•		]
STREET ADDRESS	2634 NICHOLAS CIRCLE W				•		,
CITY-ST-ZIP	JAX FL		1.4 CITY-: 2.1 TITLE			☐ Change	Addition
TITLE	DP	<del>_</del>	2.2 NAME				}
NAME	NEWMAN, MICHAEL		2.3 STREET ADDRESS				
STREET ADDRESS	1 -		2. 4 CITY	į.			
CITY-ST-ZIP	JAX FL	·	3.1 TITLE			☐ Change	Addition
TITLE	19 mg 19		3.2 NAME				Ì
NAME.			3.3 STRE	ET ADDRESS		1000	-,-,
STREET ADDRESS		· I	3.4. CITY	-ST-ZIP			<del></del>
CITY-ST-ZIP			4.1 TITLE			∵ ' Change	Addition
TITLE	1		4. 2 NAM	E			
NAME			4.3 STRE	ET ADDRESS			
STREET ADDRESS	1	*	4.4 CITY	-ST-ZIP		Changa	Addition
CITY-ST-ZIP	<del>                                     </del>		5.1 TITLE			Change	□ Mudition
NAME.			5.2 NAM	1	•		
STREET ADDRESS			5.3 STRE	EET ADDRESS	÷		
CITY-ST-ZIP	1			-ST-ZIP		Change	e
TITLE		☐ DELETE	6.1 TITU			change	
NAME			6.2 NAM		•	• .	
STREET ADDRESS	s	Ì		EET ADDRESS		:	T to
,	i		e a cm	PT 7ID			

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, with all other like empowered.