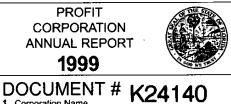
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90013 010 ***150.00

INTEGRATED INFORMATION SYSTEMS. INC. Mailing Address Principal Place of Business POB 213 POB 213 ST CLOUD FL 34770 ST CLOUD FL 34770 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/17/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2893699 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5:00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible X Yes □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HACKLEY, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 553 BITTERWOOD CT KISSIMMEE FL 32743 83 85 Zip Code 84 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE SIMONS, WILLIAM E. 1.2 NAME NAME 515 MISSOURI AVE 1.3 STREET ADDRESS STREET ADDRESS ST CLOUD FL 1.4 CITY- ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE 22 NAME NAME. SIMONS, FLORINE H. 515 MISSOURI AVE. 2.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CR2E034 (11/98)