

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K62856 (5)

1. Corporation Name
INFORMATION SCIENCES NORTH AMERICA, INC.



Principal Place of Business

~~202 OSCEOLA WAY~~
~~PALM BEACH FL 33480~~
~~US~~

Mailing Address

P. O. BOX 322
PALM BEACH FL 33480
US

3. Date Incorporated or Qualified
02/06/1989

3a. Date of Last Report
07/14/1995

2. Principal Place of Business
21 205 WORTH AVENUE

2a. Mailing Address

Suite, Apt. #, etc.
22 Suite 201

Suite, Apt. #, etc.

23 City & State
PALM BEACH, FL

24 City & State

25 Zip
33480

26 Country
USA

27 Zip

28 Country

29

30

4. FEI Number
59-2918620

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHUMACHER, ROBERT E.
202 OSCEOLA WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name P.C. PEARCE
82 Street Address (P.O. Box Number is Not Acceptable)
4126 WELLINGTON WOODS CIRCLE
83 SUITE 202
84 City KISSIMMEE FL 85 Zip Code 34741

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 P.C. PEARCE, PRESIDENT PC Pearce DATE 4-8-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCE
NAME SCHUMACHER, ROBERT E.
STREET ADDRESS 202 OSCEOLA WAY
CITY-ST-ZIP PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME P.C. PEARCE
1.3 STREET ADDRESS 4126 WELLINGTON WOODS CIRCLE
1.4 CITY-ST-ZIP SUITE 202 KISSIMMEE, FL 34741

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR
3.2 NAME D.M. OLIVER
3.3 STREET ADDRESS 2847 KEEL COURT
3.4 CITY-ST-ZIP SUITE 207 LANTANA, FL 33462

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E004 (12/95)