

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

1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

95 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K68955** (9)

OWNER BUILDER, INC.

1. Name of Applicant		2. Name of Agent		3. Date of Incorporation of Applicant		3a. Date of Last Report																																	
PAT DOSDOURIAN 11055 MONET LN PALM BCH GDNS FL 33410		PAT DOSDOURIAN 11055 MONET LN PALM BCH GDNS FL 33410		02/28/1989		04/21/1994																																	
4. FID Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. The corporation has liability for obligations under 5-104(2)(a) Florida Statutes	8. Additional Fee Required																																			
65-0101022	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$8.75	\$5.00 May Be Added to Fees																																		
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent																																						
<table border="1"> <tr> <td>81. Name</td> <td colspan="7"></td> </tr> <tr> <td>82. Street Address, P.O. Box Number, or Not Acceptable</td> <td colspan="7"></td> </tr> <tr> <td>83. City</td> <td colspan="7"></td> </tr> <tr> <td>84. State</td> <td>FL</td> <td>85. Zip Code</td> <td colspan="5"></td> </tr> </table>								81. Name								82. Street Address, P.O. Box Number, or Not Acceptable								83. City								84. State	FL	85. Zip Code					
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84. State	FL	85. Zip Code																																					

11. Pursuant to the provisions of Sections 5-104 and 5-105, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Each change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of the position of registered agent as set forth in the statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 5-104)	
NAME	DP DOSDOURIAN, SAM 11055 MONET LN PALM BCH GDNS FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY	DVP	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	FL	NAME	
ZIP	33410	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		NAME	
STATE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		NAME	
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		NAME	
ZIP		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, hereby certify that the information supplied with this filing is true and correct, and that I am duly qualified to accept the appointment as registered agent for the corporation stated in this filing. I hereby certify that the information included on this annual report or supplementary annual report is true and accurate and that the signature shall have the same legal effect as if made by me with that capacity and authority for all the purposes of this act, except as to the report as required by Chapter 5-104, Florida Statutes, and that my true name appears on the back of this filing. I am appointed with an address:

SIGNATURE: *Pat Dosdourian* 5/4/95 407-844-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED AND FILED

MAY 11 1994
 COUNTY OF DADE
 MIAMI, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 1900 BANKERS BUILDING



DOCUMENT # **K69281** (9)

1. Corporation Name
INTELLISYS CORPORATION

Principal Place of Business: **% BRUCE R. VANTASSEL, 7800 SW 133 AVE, MIAMI FL 33183**

Mailing Address: **% BRUCE R. VANTASSEL, 7800 SW 133 AVE, MIAMI FL 33183**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State Apt # Job: **22**

City & State: **23**

Zip: **24**

County: **25**

City: **29**

County: **30**

3. Date Incorporated or Qualified: **03/01/1989**

3a. Date of Last Report: **11/30/1994**

4. FEI Number: **65-0103074**

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 § 194.030, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**VANTASSEL, BRUCE R.
 7800 S.W. 133 AVE.
 MIAMI FL 33183**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5 Zip Code**

I, Executive Agent, certify that the above named corporation fulfills this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Any change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 194.030, Florida Statutes.

SIGNATURE: _____

12. OFFICERS (APPLICABLE TO ALL)		13. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS ONLY	
NAME	D VANTASSEL, BRUCE R. 7800 SW 133 AVE. MIAMI FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to file this report as required by Section 194.030(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct 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 of the DEPARTMENT OF FINANCE incorporated to carry out the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE: *[Signature]* **5/7/95** **305-3824334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR