FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 10 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05956 (2)

1. Corporation Name
DATA INTEGRATION SYSTEMS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1725 COUNTRY CLUB DR TITUSVILLE FL 32780	1725 COUNTRY CLUB DR TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1989
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 3910 S. WASHINGTON AVE
22 Suite, Apt. #, etc.
23 City & State: TITUSVILLE, FL
24 Zip: 32780
25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State: SAME
29 Zip: SAME
30 Country: SAME

4. FEI Number: 59-2965644 ☐ 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

ABBOTT, ANGELA A.
750 COUNTRY CLUB DR
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: ANGELA A. Abbott
82 Street Address (P.O. Box Number is Not Acceptable): 11 A. Max Brewer Pkwy.
83
84 City: Titusville FL 85 Zip Code: 32796

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: Angela A Abbott (Angela A. Abbott) DATE: 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDRE, SHARON I.	1.2 NAME		
STREET ADDRESS	1725 COUNTRY CLUB DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	DVT	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDRE, ALAN K.	2.2 NAME		
STREET ADDRESS	1725 COUNTRY CLUB DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	~~DVS~~	3.1 TITLE	NONE - Delete	☒ Change ☐ Addition
NAME	~~FREEMAN, JAMES J.~~	3.2 NAME		
STREET ADDRESS	~~304 LINDSEY COURT~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~CAPE CANAVERAL FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Sharon I. Andre 2-16-95 407-269-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON I. ANDRE

0048803 CP