PROFIT CCRPORATION ANNUAL REPORT 1999

1. Corporat on Name

DOCUMENT # **L65437**

INTERGRATED SERVICE SYSTEMS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

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| Principal Plac | e of Business | Mailing Address | ailing Address | | | t thinking it are such and and electric this area. | | | |
| 20423 STATE F | ROAD 7 | 20423 STATE ROAD 7 | | | | | | | |
| SUITE 110 | | SUITE 110 | | | | DO NOT WRITE IN THIS SPACE | | | |
| BOCA RATON | FL 33498 | BOCA RATON FL 33498 | | | | 3. Date Incorporated or Qualifed | | | |
| Į. | | | | | | , | | | |
| | Name of Division | A- Mailing Address | | | | 04/16/1990 4. FEI Number | Δτ | plied For | |
| ⊢ −1 ' | Place of Business | 2a. Mailing Address | | | | 1 " | <u>_</u> | t Applicable | |
| 21 | 4 .4. | 26 Suite Apt. # etc | | | | 65-0280759 | \$8.75 | | |
| Suite, Art. | #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | Fee Re | | |
| 22 City & Stat | | City & State | | | | a Florities Compaign Financing | \$5.00 | A. av Ba | |
| City & Stat | le. | <u></u> | | | | 6. Election Campaign Financing Trust Fund Contribution | Added 1 | | |
| Zip | Country | | Cou | intry | | This co poration owes the current year I | | = 5=== | |
| └ | | | 30 | , | | Personal Property Tax. | Yes | OMEST | |
| 24 | 25 9. Name and Address of Curren | 29 Agent | 30 | Γ | | 10. Name and Address of New Registere | | _= | |
| - | 9. Name and Address of Curren | r vedistelen vilaur | | 81 Na | ame | 10. Hame that Address of their Hogisters | | | |
| TON | IASSETTI, ARTHUR | | | | | | | | |
| | N W 20TH AVE | | | 82 St | reet Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| 1 | AUDERDALE FL 33309 | | | 83 | | | - | | |
| | AODENDALL I C 33309 | | | | | | | | |
| | | | | 84 C | ty | F | 85 Zip | Cc de | |
| | | | | | | | | a gistored | |
| 11, Pursuant | to the provisions of Sections 607.050 | 2 and 607,1508, Florida Sta of Florida. Such change was | tutes, the a s authorized | bove-na I by the | med corpo comora io | pration submits this statement for the purpose on's board of directors. I hereby accept the app | a changing its aintment as re | gistered | |
| agent. I a | am familiar with, and accept the obliga | ticns of, Section 607.0505, I | Florida Stati | utes. | | , | | | |
| SIGNATURIE | | | | | | | - | | |
| | Signature, typed or printed nan e of registered age | | | Agent sign | ature requi ed | when reinstating) DATE | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIC NS/CHANGES TO OFFICERS / | ND DIRECTO | Addition | |
| TITLE | D | ☐ DELETE | 1,1 TF | | | | Change | L. Addition | |
| NAME | TOMASSETTI, ARTHUR | | 1.2 NA | AME | | | | 1 | |
| STREET ADDRESS | 6600 N W 20TH AVE | | 1.3 ST | REET ADD | RESS | | | ļ | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 1.4 CI | TY-ST-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 2.1 Π | T.E | ļ | | Change | Addition | |
| NAME | TOMASSETTI, YILA | | 2.2 N | AMF. | ŀ | | | I | |
| STREET ADDRESS | 6600 NW 20TH AVE | | | WIL | | | | | |
| CITY-ST-ZIP | | | 2351 | TREET ADD | RESS | | | | |
| TITLE | FT LAUDERDALE FL | | | | | | | | |
| NAME | FT LAUDERDALE FL | | | TREET ADD | | | Change | ☐ Addition | |
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| CITY-ST-ZIP TITLE NAME | | | 2. 4 C 3.1 TI 32 NV 3.3 SI 3.4 C 4.1 TI 4.2 N | TREET ADO TLE TLE AME TREET ADD TTLE TLE TLE TLE TAME | RESS | | | | |
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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 or trify that the information indicated on this annual report or supplemental amount 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 changes, or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRES 3

CITY-ST-ZIP

YILA TOM ASSETT