FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002048 (6)

1. Corporation Name

INTEGRATED SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2715 AUSTRALIAN AVE. WEST PALM BEACH FL 33407	2715 AUSTRALIAN AVE. WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:
4. FEI Number: 65-0497-953 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONSIDINE, JOSEPH M
105 SOUTH NARCISSUS AVE.
SUITE 412
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: MARYON E. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable): 6905-2 CAMINO REAL
83:
84 City: BOCA RATON FL 85 Zip Code: 33433

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: MARYON E. WILLIAMS-EXECUTIVE DIRECTOR 3/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D.	☒ Change ☐ Addition
NAME	KRANICH, ROGER	12 NAME	JAMES ROBINSON	
STREET ADDRESS	1070 SINGER DR.	13 STREET ADDRESS	400 AUSTRALIAN AVE, SU. (S-860)	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	14 CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	21 TITLE	D.	☒ Change ☐ Addition
NAME	ROSS, MARION	22 NAME	MARION ROSS	(ADDRESS)
STREET ADDRESS	8084 S.R. 54	23 STREET ADDRESS	5254 SR 54	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	24 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	COURSEY, YVETTE	32 NAME		
STREET ADDRESS	P.O. BOX 3823 (N/A)	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33402	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maryon E. Williams Executive Director 3/13/95 407-655-8218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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