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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000002048 (6)

1. Corporation Name

INTEGRATED SOLUTIONS, INC.



Principal Place of Business

Mailing Address

234 NE 5TH AVE., #4  
DELRAY BEACH FL 33444

234 NE 5TH AVE., #4  
DELRAY BEACH FL 33483-5531

3. Date Incorporated or Qualified  
04/25/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number  
65-0497953

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

10. Name and Address of New Registered Agent

WILLIAMS, MARYON E  
6905-2 CAMINO REAL  
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 P/D  
NAME ROBINSON, JAMES  
STREET ADDRESS 400 AUSTRALIAN AVE. S.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S/D  
NAME ROSS, MARION  
STREET ADDRESS 5254 SR 54  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D  
NAME COURSEY, YVETTE  
STREET ADDRESS P.O. BOX 3823 (N/A)\*  
CITY-ST-ZIP WEST PALM BEACH FL 33402

TITLE D  
NAME WILLIAMS, MARYON E.  
STREET ADDRESS 6905-2 CAMINO REAL  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE T/D  
NAME KAREN HAMMETT  
STREET ADDRESS 7009 BERACASA WAY  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 301 CLEMATIS STREET S-200  
1.4 CITY-ST-ZIP West Palm Beach FL 33401

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

14. I do 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 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.

MARYON E. WILLIAMS - Executive Director

CR2E037 (9/96)