

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, THIS AMOUNT DUE TO DIVISION OF CORPORATIONS)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # P07035 (9)**

1. Corporation Name

**INVENTORY LOCATOR SERVICE, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:26

Principal Place of Business <b>305 MEMORIAL RD. MEMPHIS TN 38115 US</b>	Mailing Address <b>2055 DIPLOMAT DR. DALLAS TX 75234 US</b>		
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc <b>22</b>	Suite, Apt. #, etc <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
3. City <b>24</b>	4. County <b>25</b>	5. Zip Code <b>29</b>	6. County <b>30</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quilted <b>08/08/1985</b>	3a. Date of Last Report <b>08/08/1994</b>
4. FEI Number <b>62-1065947</b>	5. Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for estimated tax under s. 199.02. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HERNAN, JAMES M.  
3800 NW 82ND AVENUE  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

61. Name <b>FL</b>	62. Street Address (P.O. Box Number Is Not Acceptable) <b>85</b>
63.	64. City <b>FL</b>
	65. Zip Code <b>33166</b>

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

(Type or Print Name of Registered Agent and Title)

(Type or Print Name of Registered Agent and Title)

(Type or Print Name of Registered Agent and Title)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY ST ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP
PD NAME STREET ADDRESS CITY ST ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP
VD NAME STREET ADDRESS CITY ST ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY ST ZIP
VS NAME STREET ADDRESS CITY ST ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY ST ZIP
T NAME STREET ADDRESS CITY ST ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY ST ZIP
T NAME STREET ADDRESS CITY ST ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY ST ZIP

CR2E034 (3/95)

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(1)(a), Florida Statutes. Further certify that the information contained 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 of this form or on an attachment thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mina Brown**

**6/19/95 (214)406-2300**