FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30701

(7)

BLACK CREEK INTEGRATED SYSTEMS CORP.

Principal	l Business
2130 A.E.	DRIVE

2. Principal Place of Business

Suile, Apt. #, etc.

City & State

Mailing Address

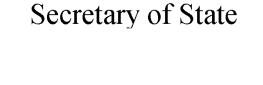
P.O. BOX 550 MOODY AL 35004-0550 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED

May 12 1997 8:00am

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

08/22/1990

FEI Number
 63-0998454

23		28				Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country	Zip		Countr	у	8. This corporation has liability for	intangible l	ax under s	199.032,
24	25	29	30	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Yes [
	9. Name and Address of Current	Registered Agent	t		·,	10. Name and Address of New Re	gistered A	gent	
	EWTON, I.E., JR.			81	Name				
12	265 S. ALHAMBRA CIRCLE			82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)		
C	ORAL GABLES FL 33148			<u> </u>			, 		
				83	4				
				84	City			85 Zip (Code
					1		FL	1 1	
11. Pursuar	nt to the provisions of Sections 607.0502 are registered agent, or both, in the State of	and 607.1508, Flo	rida Statutes,	the abov	/e-named cor	poration submits this statement for the p	ourpose of	changing it	s registered
agent I	I am familiar with, and accept the obligati	ons of, Section 60	7.0505, Florida	a Statute	sy une compone 88.	ation's locate of directors, Frierelly accep	и ше аррс	animeni as	registered
SIGNATURE	Í								
	Signature, typed or printed hanie of registered agen:		(NOTE Re		gent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		DC) 576	13.		ADDITIONS/CHANGES TO OFFIC			
TillE	PTC	L	DELETE	1.1 TITLE				Change	Addition
NAME	NEWTON, I.E., III	301 550		1.2 NAME					
STREET ADDRES		5UX 55U		1.3 STREE	T ADDRESS				
Cally - St - 719	MOODY AL			1.4 CITY-	ST-ZIP				
](I) F	VD	L.J.	DELETE	2.1 TITLE				Change	Addition Addition
MAME	HUGHES, LARRY A	DAY MAA		2.2 NAME	}				
STREET ADDRES		BOX 550		23 STREE	T ADDRESS				
CITY - 51 - 761	MOODY AL	····		2.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
11111	S	.L.J	DELETE	3.1 TITLE				Change	Addition
NAME	HILL, CONNIE			3.2 NAME					
STREET ADORES		BOX 550		3 3 STREE	T ADDRESS				
CITY-SI 7P	MOODY AL			3 4. CITY -	ST-ZIP				
160	}	<u>L.</u> .) I	DELETE	4.1 TITLE				Change	Addition
NAM1			ľ	4. 2 NAME					
STREET ADDRESS	ŝ (•	4.3 STREE	T ADDRESS				
CONVEST 70				4.4 CITY -	ST-ZIP				
1/11/		ا لــا	DELETE	5.1 TITLE				Change	Addition
NAM			J	52 NAME					
STREET ADDRESS	s		ł	5.3 STREE	T ADDRESS				
C TY ST - ZIP		·		5.4 CITY-	ST-ZIP				
11.11			DELETE	6.1 TITLE	}			Change	Addition
NAME				62 NAME	{				
STREET ACTORES	5			6.3 STREE	T ADDRESS				
CITY ST-ZIP				6.4 CITY-					
14. I do her	reby certify that the information supplied in thon inclicated on this annual report or sup-	with this filing does	s not qualify fo	r the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the