

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000013663 (8)

1. Corporation Name
INTERNATIONAL SERVICES UNLIMITED, INC.



Principal Place of Business 26 AMBER CT HOMOSASSA FL 34446	Mailing Address 26 AMBER CT HOMOSASSA FL 34446-4300
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3. Date Incorporated or Qualified 02/11/1993	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 5730 South Suncoast Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 Po Box 856 Suite, Apt. #, etc.	4. FEI Number 59-3167526	Applied For Not Applicable
22 City & State 23 HOMOSASSA FL 34446 Zip Country	27 City & State 28 HOMOSASSA SPRINGS Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34446	25 CITRUS	29 34447	30 CITRUS

9. Name and Address of Current Registered Agent

**NEWMAN, MICHAEL J
26 AMBER CT
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, MICHAEL J	
STREET ADDRESS	26 AMBER CT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, KIMBERLY	
STREET ADDRESS	26 AMBER CT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-628-0555

CR2E034 (9/96)