FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:51

DOCUMENT # **P93000018231 (9)**

1. Corporation Name
INTEGRATED COMPUTER MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
~~12040 VISTA ISLE DR. #611~~ ~~FT LAUDERDALE FL 33325~~	~~12040 VISTA ISLE DR. #611~~ ~~FT LAUDERDALE FL 33325~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1883 NW 93RD WAY
Suite, Apt. #, etc.
22:
City & State
23: PLANTATION FL
Zip / Country
24: 33322 25:

2a. Mailing Address
26: 1883 NW 93RD WAY
Suite, Apt. #, etc.
27:
City & State
28: PLANTATION FL
Zip / Country
29: 33322 30:

4. FEI Number: 65-0401147 ☐ 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

DURANT, MICHAEL
~~12040 VISTA ISLE DR. #611~~
~~FT LAUDERDALE FL 33325~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1883 NW 93RD WAY
83:
84 City: PLANTATION FL 85 Zip Code: 33322

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: _____ DATE
(Corporation name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	DURANT, MICHAEL	12 NAME	
STREET ADDRESS	~~12040 VISTA ISLE DR. #611~~	13 STREET ADDRESS	1883 NW 93RD WAY
CITY ST ZIP	~~FT LAUDERDALE FL 33325~~	14 CITY ST ZIP	PLANTATION FL 33322
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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/We 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: _____ Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Daytime Phone #:

0234028 CP