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

APPROVED AND FILED
95 APR 17 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073735 (1)**

1. Corporation Name
INTERNATIONAL STRATEGIES, INC.

Principal Place of Business	Mailing Address
201 LINDA LN W PALM BEACH FL 33405	201 LINDA LN W PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/15/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 3131 N Druid Hills Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 STE 6301
City & State 23	City & State 28 DECATUR, GA
Zip 24 / Country 25	Zip 29 30033 / Country 30 DEKALB

4. FEI Number: 65-0433665 ☐ 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
SNYDER, JAMES K 201 LINDA LN WEST PALM BEACH FL 33405	81 Name: BONNIE SIMONEAUX 82 Street Address (P.O. Box Number is Not Acceptable): 201 LINDA LN 83 [redacted] 84 City: WEST PALM BEACH FL 85 Zip Code: 33405

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: Bonnie Simoneaux 4/8/95
(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	11 TITLE		☒ Change ☐ Addition
NAME	SNYDER, SUSAN S.	12 NAME		
STREET ADDRESS	201 LINDA LANE	13 STREET ADDRESS	3131 N Druid Hills Rd #6301	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	DECATUR, GA 30033	
TITLE	VP	21 TITLE		☒ Change ☐ Addition
NAME	SNYDER, JAMES K.	22 NAME		
STREET ADDRESS	201 LINDA LANE	23 STREET ADDRESS	" " "	
CITY ST ZIP	WEST PALM BEACH FL	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 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(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: James K. Snyder 4/10/95 407 682 6121
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0044020 CP