

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000079490 (7)**

1. Corporation Name

**I.S. MANAGEMENT CONSULTING, INC.**



Principal Place of Business: **7480 FOUNDERS WAY PONTE VEDRA BEACH FL 32082**  
Mailing Address: **7480 FOUNDERS WAY PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified <b>11/17/1993</b>	3a. Date of Last Report <b>06/14/1995</b>
4. FEI Number <b>59-3210696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has ability for interlocking tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**RAX CO.  
C/O MAHONEY ADAMS & CRISER, P.A.  
50 N. LAURA STREET, 3400 BARNETT CENTER  
JACKSONVILLE FL 32202**

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

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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. Its name was authorized by the corporation's board of directors. The entity accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0702, Florida Statutes.

SIGNATURE	DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied by this corporation is true and correct, 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, and that my name appears in Book 12 or Book 13 if changed or originally filed with an address.

SIGNATURE: *Stephen J. Getsy* **Stephen J. Getsy** 3/27/96 904-273-8290  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)