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

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

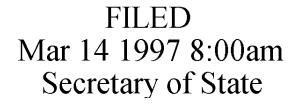
DOCUMENT # P9400053761 (0)

INTEGRATED INFORMATION SYSTEMS OF TAMPA BAY, INC

Principal	Place	of	Business	

Mailing Address

6345 HIGKODWHOOD LAND





TAMPA FL 33615			TAMPA FL 33615-4418									
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/20/1994 04/22/1996							
2. Principal Place of Business 2e. Mailing Address.						4. FEI Number			pplied For	1		
21		26	26				65-0514965	Ì		ot Applicable	,	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$6		Additional	1	
22		27					5. Certificate of Status Desired	LJ	Fee R	equired		
City & State				City & State				6. Election Campaign Financing	\$5.00 May Be			
23			28					Trust Fund Contribution			to Fees	
Zip		Country	ļ,	Zip	Cou	nlry	,	8. This corporation has liability for i			. 199.032,]
24	25		[29]				Florida Statutes Yes No					
		d Address of Curre	ent Hegis	tered Ageni		81	r	10. Name and Address of New Re	gistered Agent			
	BINS, STEPHI					81	Name					
8710 HICKORYWOOD LANE			82 Street Addre		Streol Addr	ress (P.O. Box Number is Not Acceptab	le)			┨		
TAMPA FL 33615							<u>, </u>					
						83					-	
						84	City		85	Zin	Code	\dashv
							. ,		FLI	,		
I OHNOU OF A	egistered adem	, or doin, in the Stat	e or ciono	07.1508, Florida Statut da. Such change was I, Section 607.0505, Fl	authorizea	1 nv	the comorat	poration submits this statement for the p ion's board of directors. I hereby accep	urpose of chan t the appointm	ging i	ts registered registered	
SIGNATURE		•										
12.	Signature, typed or p	onted name of registerest a OFFICERS AT			t Registered	i Age	int signature requir	red when reinstating)	DATE	^		۔ ا
TITLE	DPST	OFFICENS	ALL DAME C	DILETE	1.1 7(1			ADDITIONS/CHANGES TO OFFIC	EHS AND DIRE		Addition	√ફ
NAME	ROBBINS, S	TEPHEN A		with	1.2 NA				, L., U	lange	Audition	18
STREET ADDRESS		RYWOOD LANE					4000000		•			3
CITY-ST-ZIP	TAMPA FL 3						ADDRESS					ļù
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NAME					22 NA				μи	ia iye	F] Muolitott	1
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NAME					4, 2 NA				, , , , , , , , , , , , , , , , , , ,		La ricomon	
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NAME					6.2 NAI				, O	ungo	E. J. POSITION	
STREET ADORESS					1		ADÓRFSS .					
CITY-ST-ZIP	-				6.4 CIT							
44 1	414 - 11 - 11			:	0.4 (7)	1.91	. 511,					1

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 contractor or the deliver or trustee emporated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter, or an in program if with a decrees.

813-884-4660