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 MAR 28 AM 11:55

DOCUMENT # P94000069645 (7)

1. Corporation Name

INNOVATIVE COMPUTER SOLUTIONS, INC.

Principal Place of Business
811 ALTAVISTA TERRACE
DAVIE FL 33325

Mailing Address
811 ALTAVISTA TERRACE
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

4. FEI Number: 65-0528716 ☐ 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

RAKESTRAW, DENISE
811 ALTAVISTA TERRACE
DAVIE FL 33325

10. Name and Address of New Registered Agent

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

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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	WASTI, HAMID	1 2 NAME	
STREET ADDRESS	2316 WAILEA PLACE	1 3 STREET ADDRESS	
CITY ST ZIP	SACRAMENTO CA 95833	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	VD ☑ Change ☐ Addition
NAME	KAZANZIDES, PETER	2 2 NAME	
STREET ADDRESS	2316 WAILEA PLACE	2 3 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33325	2 4 CITY ST ZIP	SACRAMENTO, CA 95833
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	RAKESTRAW, DENISE	3 2 NAME	
STREET ADDRESS	811 ALTAVISTA TERRACE	3 3 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33325	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	TUZI, THOMAS E	4 2 NAME	
STREET ADDRESS	568 N.W. 135 TERRACE	4 3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33325	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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: Denise Rakestraw DENISE RAKESTRAW 1/27/95 (305) 370-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234320 CP