FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000073061 (1)

1. Corporation Name
INTELLYSIS GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3504 BAYFAIR PLACE TAMPA FL 33629	3504 BAYFAIR PLACE TAMPA FL 33629

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 3625 QUEEN PALM DRIVE
Suite, Apt. #, etc
22
City & State
23 TAMPA, FL
Zip 24 33619 Country 25 USA

2a. Mailing Address
26 3625 QUEEN PALM DRIVE
Suite, Apt. #, etc
27
City & State
28 TAMPA, FL
Zip 29 33619 Country 30 USA

4. FEI Number 59-3273540 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

TITLE	D	☒ DELETE
NAME	MONTAGUE, DANIEL J	
STREET ADDRESS	3504 BAYFAIR PLACE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME	WILLIAMS, OSCAR	
1.3 STREET ADDRESS	3625 QUEEN PALM DRIVE	
1.4 CITY-ST-ZIP	TAMPA, FL 33619	
2.1–2.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
3.1–3.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
4.1–4.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5.1–5.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6.1–6.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: O. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/96 Date
813-744-2535 Daytime Phone #