

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

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Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000086675 (3)  
1. Corporation Name  
INTEGRATED AUTOMATION SOFTWARE SYSTEMS, INC.



Principal Place of Business Mailing Address  
105 MELROSE PLACE PONTE VEDRA BEACH FL 32082  
105 MELROSE PLACE PONTE VEDRA BEACH FL 32082-3913

3. Date Incorporated or Qualified 11/28/1994  
3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address  
21 830-13 A1A NORTH 26 830-13 A1A NORTH  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 394 27 394  
City & State City & State  
23 PONTE VEDRA BEACH 28 PONTE VEDRA BEACH  
Zip Country Zip Country  
24 32082 25 USA 29 32082 30 USA

4. FEI Number 59-3296933 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  
LAGALY, THOMAS  
105 MELROSE PLACE  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 830-13 A1A NORTH, SUITE 394  
84 City PONTE VEDRA BEACH FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0501 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. This 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: *Thomas Lagaly* DATE: 2-18-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	12 NORTHGATE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, DONALD	
STREET ADDRESS	7828 FULLARD DR	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAGALY, THOMAS	
STREET ADDRESS	105 MELROSE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOOTSILLAS, CRAIG	
STREET ADDRESS	1095 BRENTON DR	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	149 SOUTH ROSCOE BOULEVARD
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	830-13 A1A NORTH, SUITE 394
3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 supplementary 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 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 Block 13 if added, at the address indicated above.

SIGNATURE: *Thomas Lagaly* DATE: 2-18-97 DAYTIME PHONE #: 904-285-7295  
SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)