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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000091299	(5)
1. Corporation Name	F34000031233	(O

INTEGRATED HOSPITALITY SERVICES. INC.

Country

9. Name and Address of Current Registered Agent

Signature typed or printed name of registered agent and title if applicable

25

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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12929 PRESTWICK DRIVE RIVERVIEW FL 33569

2. Principal Place of Business

OLIVER, EMMANUEL

RIVERVIEW FL 33569

12929 PRESTWICK DRIVE

Suite, Apt. #, etc.

City & State

Ζıρ

SIGNATURE.

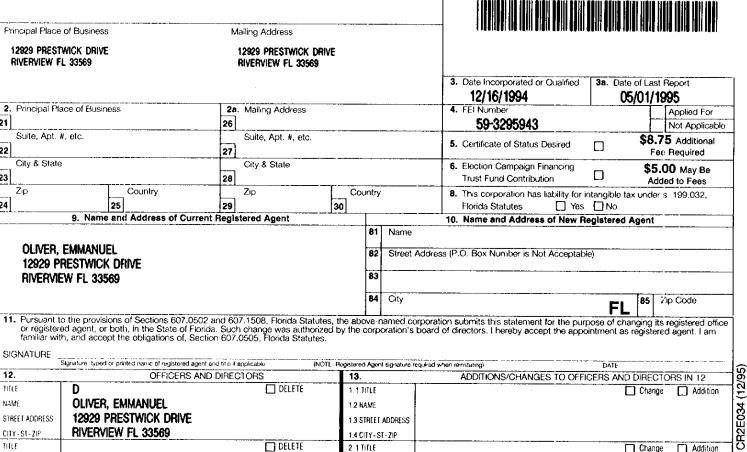
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12929 PRESTWICK DRIVE RIVERVIEW FL 33569



12. OFFICERS AND DIRECTORS 13. TITLE ☐ DELETE D 1.1 HHE OLIVER, EMMANUEL NAME 1.2 NAME 12929 PRESTWICK DRIVE STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIF 1.4 CITY-ST-ZIP □ DELETE TITLE 2 1 TIFLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CHTY-ST-ZIP DELETE THELE 5 1 THLE ☐ Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP THILE DELETE 6. 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

Country

81 Name

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R4 City

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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:

TED NAME OF SIGNING OFFICER OR DIRECTOR