

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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000035162 (3)**  
 1. Corporation Name  
**INTEGRATED SOLUTIONS AND SERVICES, INC.**



Principal Place of Business 18573 N.W. 22ND STREET PEMBROKE PINES FL 33029	Mailing Address 18573 N.W. 22ND STREET PEMBROKE PINES FL 33029
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DO NOT WRITE IN THIS SPACE

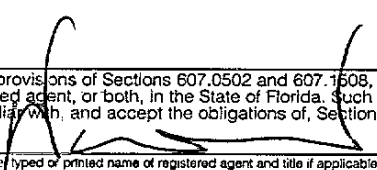
3. Date Incorporated or Qualified  
**05/04/1995**

2. Principal Place of Business 21 <b>18459 PINES BLVD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>18459 PINES BLVD.</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0577517</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>SUITE 107</b>	27 <b>SUITE 107</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>PEMBROKE PINES, FL</b> City & State	28 <b>PEMBROKE PINES, FL</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33029</b> Zip	25 <b>BLOWARD</b> Country	29 <b>33029</b> Zip	30 <b>BLOWARD</b> Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**PELUSO, FRANK**  
 18573 NW 22ND ST  
 PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent  
 81 Name **DAVID M. LAZARUS, ESQ.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**235 N. UNIVERSITY DRIVE**  
 83  
 84 City **PEMBROKE PINES** FL 85 Zip Code **33024**

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: **1/13/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PELUSO, FRANK 18573 N.W. 22ND STREET PEMBROKE PINES FL 33029</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 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:  DATE: **1/13/98** TELEPHONE: **954/704-0600**

CR2E034 (10/97)