

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 # P95000039135 (5)

1. Corporation Name

INTEGRATED COMPUTER SPECIALISTS, INC.

Principal Place of Business

6433 NW 43RD STREET
CORAL SPRINGS FL 33067

Mailing Address

6433 NW 43RD STREET
CORAL SPRINGS FL 33067



3. Date Incorporated or Qualified
05/16/1995

3a. Date of Last Report

4. FEI Number

65-0577440

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

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VOISIN, RUSSELL S
6433 NW 43RD STREET
CORAL SPRINGS FL 33067

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Russell S. Voisin

(Print Name of Agent if signature is required when filing statement)

APRIL 11, 1996

Signature typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VOISIN, RUSSELL S
STREET ADDRESS 6433 NW 43RD STREET
CITY- ST- ZIP CORAL SPRINGS FL 33067 ☐ DELETE

TITLE VD
NAME VINCENT, ROY
STREET ADDRESS 6433 NW 43RD STREET
CITY- ST- ZIP CORAL SPRINGS FL 33067 ☒ DELETE

TITLE TD
NAME VINCENT-VOISIN, ROSEANN
STREET ADDRESS 6433 NW 43RD STREET
CITY- ST- ZIP CORAL SPRINGS FL 33067 ☐ DELETE

TITLE SD
NAME VINCENT-VOISIN, CLEMENTINA
STREET ADDRESS 6433 NW 43RD STREET
CITY- ST- ZIP CORAL SPRINGS FL 33067 ☒ 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

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)