

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90010 007 ***550.00

DOCUMENT # P95000078456

1. Corporation Name
INTERNATIONAL DIGITAL SYSTEMS CORPORATION

Principal Place of Business

479 BALLARD DR
MELBOURNE FL 32935
US

Mailing Address

POST OFFICE BOX 361001
MELBOURNE FL 32936-1001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1995

2. Principal Place of Business

21 4343 Fortune Place

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT A

Suite, Apt. #, etc.

27

City & State

23 MELBOURNE, FL

City & State

28

Zip

24 32904

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-3339618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PARSONS, GREGORY
2566 ANDREWS AVE
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LARSON, JAMES P
STREET ADDRESS 291 ANTHONY AVE SE
CITY-ST-ZIP PALM BAY FL 32909

TITLE SD ☒ DELETE

NAME PARSONS, GREGORY R
STREET ADDRESS 2566 ANDREWS AVENUE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☐ DELETE

NAME LARSON, GAYLE MARIE
STREET ADDRESS 291 ANTHONY AVE. SE
CITY-ST-ZIP PALM BAY FL 32909

TITLE D ☒ DELETE

NAME PARSONS, DENISE F
STREET ADDRESS 2566 ANDREWS AVENUE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: JAMES P. LARSON

6/18/99

(407) 953-6700

Date

Daytime Phone #

CR2E034 (1/98)