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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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1. 1 TITLE

12 NAME

2 1 TITLE

2.2 NAME

3 1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5. 1 TITLE

5.2 NAME

6. 1 TITLE

62 NAME

1.4 CITY-ST-ZIP

2.4 CITY - ST - ZIP

3.4 CiTY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

5.4 CITY - ST - ZIP

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P95000084369 (4) **DOCUMENT #**

Corporation Name

KOMPUTER INTEGRATION SERVICE SPECIALIST, INC.

Principal Place of Business
1400 COLONIAL BLVD.
FORT MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

MURRAY, KATHLEEN D

1400 COLONIAL BLVD.

FORT MYERS FL 33907

City & State

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREFT ADDRESS

STREET ADDRESS

STREEL ADDRESS

STREET ADORESS

CITY-ST-ZIP

CHTY-ST-ZIP

CITY - ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

12.

TITLE

NAME

TITLE

NAME

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NAME

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TITLE

NAME

TITLE

NAME

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1400 Calonial Blud

Country

MURRAY, KATHLEEN D

1400 COLONIAL BLVD.

FORT MYERS FL 33907

9. Name and Address of Current Registered Agent

KATHLEEN D MURRAY,

registered agent and title if applicable

OFFICERS AND DIRECTORS

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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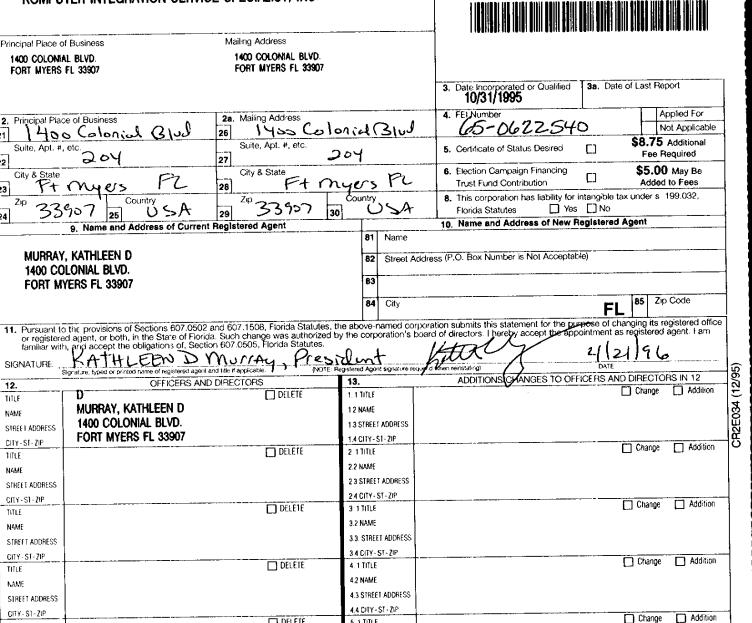
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1400 COLONIAL BLVD. FORT MYERS FL 33907



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.

Change

Addition