

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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> 1. Corporation Name <b>Information Systems Resources, Inc.</b>	<b>P96000623720</b>
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<b>Principal Place of Business</b> <b>1311-A Paul Russell Road</b> <b>Suite 102</b> <b>Tallahassee, FL 32301</b>	<b>Mailing Address</b> <b>P.O. Box 3968</b> <b>Tallahassee, FL 32315</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>March 18, 1996</b>	<b>3a. Date of Last Report</b>
<b>4. FEI Number</b> <b>59-3375661</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>Thomas Edwards</b> <b>1311-A Paul Russell Road</b> <b>Suite 102</b> <b>Tallahassee, FL 32301</b>
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<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 **Thomas Edwards, President** DATE **4-25-97**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1 TITLE</b> <b>Chairman / SR Vice Pres / DIR</b> <input type="checkbox"/> DELETE	<b>1.2 NAME</b> <b>Tim Wooten</b>	<b>1.1 TITLE</b> <b>Treasurer / CFO / DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>1.2 NAME</b> <b>C.L. Raker</b>
<b>1.3 STREET ADDRESS</b> <b>908 Hwy 98 E. Suite 112</b>	<b>1.4 CITY-ST-ZIP</b> <b>DESTIN, FL 32541</b>	<b>1.3 STREET ADDRESS</b> <b>1311-A Paul Russell Road, Suite 102</b>	<b>1.4 CITY-ST-ZIP</b> <b>Tallahassee, FLA. 32301</b>
<b>2.1 TITLE</b> <b>President / Secy / DIR</b> <input type="checkbox"/> DELETE	<b>2.2 NAME</b> <b>Thomas Edwards</b>	<b>2.1 TITLE</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	<b>2.2 NAME</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>2.3 STREET ADDRESS</b> <b>1311-A Paul Russell Road Suite 102</b>	<b>2.4 CITY-ST-ZIP</b> <b>Tallahassee, FL 32301</b>	<b>2.3 STREET ADDRESS</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	<b>2.4 CITY-ST-ZIP</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>3.1 TITLE</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	<b>3.2 NAME</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	<b>3.1 TITLE</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	<b>3.2 NAME</b> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
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14. I do 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 a filing statement with an address.

SIGNATURE: **C.L. Raker** DATE: **4-25-97** (904) 878-4589

CR2E034 (9/96)