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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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INTEGRATED COMPUTER SOLUTIONS CONSULTANTS, INC. Mailing Address Principal Piace of Business 13485 S.W. 27TH STREET 13485 S.W. 27TH STREET MIAMI FL 33172 MIAMI FL 33175-7135 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1996 EEI Number 2. Principal Place of Business Applied For 65-0683053 21 Not Applicable Suite, Apr. # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen **HELLER & BARNETT CORPORATE SERVICES** 81 Name 1214 N. UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATIOON FL 33322 83 City 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 off oc 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 fam has with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12. DELETE Change Addition 1.1 TITLE DILE JAHN, WAYNE K 12 NAME NAM! 13485 S.W. 27TH ST. 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33172** 1.4 CITY - \$T - ZIP CHY-ST-ZIF DELETE 21 TITEF TITLE SUAREZ, MIRTHA G 2.2 NAME 13485 S.W. 27TH ST. 2 3 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 2 4 CITY-ST-ZIP City-St-78 DELETE Change Addition 3.1 TITLE THLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-70P 3.4. CITY-ST-ZIP DELETE Change Addition 101.1 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST 7IP 4.4 CITY - ST - ZIP DELETE Change Addition THILE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-\$1-719 DELETE Change ☐ Addition THILE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information supplie information indicated on this annual report of fam an officer or director of the corporation. appears in Block 12 or Block 13 if

CITY - ST- ZIP

64 CITY-ST-ZIP

Itling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ital annual report is true and accurate and that my signature shall have the same legal effect as if made under ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name

FILED

Feb 27 1997 8:00am

Secretary of State