

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90026 038 ***150.00

DOCUMENT # P97000035181

1. Corporation Name

INTEGRATED SUPPLY NETWORK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2727 INTERSTATE DRIVE LAKELAND FL 33805		Mailing Address 2727 INTERSTATE DRIVE LAKELAND FL 33805	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEBER, F P JR 2727 INTERSTATE DRIVE LAKELAND FL 33805		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 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.		12. OFFICERS AND DIRECTORS	
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)	
Signature, typed or printed name of registered agent and title if applicable.		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
D		2.1 TITLE	
WEBER, F P JR		2.2 NAME	
2727 INTERSTATE DRIVE		2.3 STREET ADDRESS	
LAKELAND FL 33805		2.4 CITY-ST-ZIP	
D		3.1 TITLE	
SHALZ, ROGER		3.2 NAME	
2511 EVERGREEN AVE		3.3 STREET ADDRESS	
WEST SACRAMENTO CA 95691-0196		3.4 CITY-ST-ZIP	
D		4.1 TITLE	
OWINGS, RUSSELL		4.2 NAME	
1030 METFIELD RD.		4.3 STREET ADDRESS	
BALTIMORE MD 21286		4.4 CITY-ST-ZIP	
D		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
D		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X *[Signature]* REDIRECTED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 941 603-0777
Date Daytime Phone #

CR2E034 (1/98)