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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000037853 (3)

ISM SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2760 N.W. 122ND AVENUE

2760 N.W. 122ND AVENUE

FILED May 18 1998 8:00am Secretary of State



CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						04/28/1997			ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		<u> </u>	Applied For
21 1111-2A SanJac Blud 26 1111-2A SanJose				se Blud		65-0759997			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite #295 27 #295						5. Certificate of Status Desired]		Additional Regulred
City & State City & State						6. Election Campaign Financing			O May Be
23 Jackson ville, FL 28 Jackson vi			21 11e	ille FL		- Trust Fund Contribution			d to Fees
Zip Country Zip Cou						8. This corporation owes or has paid	he curr		
24 302	25 USA 25	32223	30			Personal Property Tax due June 30	_	Yes	□No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent									
MOORE, DAVID				81 Name					
5319 N. DIXIE HWY.			h.	82 Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33334			ľ	_	011001711	saless (116. Box Harrison is Not Accopitation			
			[4	83					
I				84	City			DE 76	- Codo
			[04	City		FL	85 Zi	p 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 ponted have of registered agent and t	the days is the AIOTE	Popietoron	Acont	t cinnaturo re	quired when reinstating)	DATE		
12.	OFFICERS AND DIR		13.	Ment	signature re	ADDITIONS/CHANGES TO OFFICER		DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 7(7)	LE	Т	ADDITIONO/OTATOLO TO OTTOLE	07410	Change	
NAME	MONGEON, DONALD		1.2 NAN	MF	-				_
STREET ADDRESS	2760 N.W. 122ND AVENUE				DORESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CIT						İ
TITLE	D	DELETE	2.1 TITLE		***			Change	e Addition
NAME	SKINNER-MONGEON, FLOR		2.2 NAM		Ī		,		_
STREET ADDRESS			- 6		DDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065			2. 4 CITY-S1-ZIP					
TITLE		☐ DELETE	3.1 7171					Change	e Addition
NAME	3.3		3.2 NAN	3.2 NAME					
STREET ADDRESS			3.3 STR	REET AC	DDHESS				
City-St-ZIP			3.4. CIT	Y-SI-	- 7(P				
TITLE				LE				Change	e Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET AL	DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZiP				
TITLE		☐ DÉLETE	5.1 TITL					Change	e Addition
NAME			5.2 NAN	ME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TITLE					Change	e Addition
NAME			6.2 NAM	ME]				
STREET ADDRESS		•	i i		DDRESS				
CITY-ST-ZIP			6.4 CIT		- 1				
14. I hereby c			r the exer	mptic	on stated	in Section 119.07(3)(i), Florida Statutes, I fur			
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.									