

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

DOCUMENT # P97000037853

1. Corporation Name
ISM SOLUTIONS, INC.

Principal Place of Business

11111 2A SAN JOSE BLVD
STE 295
JAX FL 32223
US

Mailing Address

11111 2A SAN JOSE BLVD
295
JAX FL 32223
US

2. Principal Place of Business

21 153 Natures Isle Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 153 Natures Isle Dr
Suite, Apt. #, etc.

City & State

23 Ponte Vedra Beach

24 32082 25 ST. Johns

City & State

28 Ponte Vedra Beach

29 32082 30 ST. Johns

9. Name and Address of Current Registered Agent

MOORE, DAVID
5319 N. DIXIE HWY.
FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0759997

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MONGEON, DONALD
STREET ADDRESS 2760 N.W. 122ND AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D
NAME SKINNER-MONGEON, FLOR
STREET ADDRESS 2760 N.W. 122ND AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Mongeon, Donald, E.
1.3 STREET ADDRESS 153 Natures Isle Dr
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

2.1 TITLE
2.2 NAME Mongeon, Flor, Skinner
2.3 STREET ADDRESS 153 Natures Isle Dr
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Signature Required
Signature and Typed or Printed Name of Signing Officer or Director
Skinner Mongeon

Date

4/8/99

Daytime Phone #

(904) 280-3797

CR2E034 (11/98)

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90089 035 ***158.75



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