SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).					APPROVEL	
PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		:	FILED	
1	1998 DIVISION OF CORPORATIONS				98 DEC 21 AM 10:	18
DOCUMENT # P97000088862 (2)					SEURETARY OF STAT TALLAHASSEE, FLORI	E DA
INDIAN RIVER INTEGRATED SYSTEMS, INC.) (burrous sea cater) burr anne a mell koste un	14) mail 1818 1818 mail
Principal Place of Business Mailing Address					r rastannt lin Corte conts mailt molet antit fin	INT 1878) INTEL 1842N NITTN STREE 48NI
1380-S. PATRICK-DRIVE 1360-S. PATRICK-DRIVE SATELLITE BEACH-PL-32937 SATELLITE BEACH-PL-32937				- (
} 				3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					10/15/1997	
2. Principal F	Place of Business	2a. Mailing Address	alo3D	4-	FEI Number 59 347 2997	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional
22 City & Stat	:e	City & State		- 6	Election Campaign Financing	Fee Required \$5.00 May Be
23 Melk	oulne Florina	28 Melbourge		α	Trust Fund Contribution	Added to Fees
Zip \ 24 3290	Country 25 (1, 5).	29 32902 - 2630	Country 30 U.S.	8.	This corporation owes or has paid the opersonal Property Tax due June 30.	current year Intangible Ves No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
PERSON, ARTHUR B						
1360 S. PATRICK DRIVE- SATELLITE BEACH FL 32937-					O. Box Number is Not Acceptable)	Dr.
			83			
84 City Melbou					whe F	
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 a	no title if applicable. (NOT	E: Registered Agent signatu	ura required whe	on reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE NAME	PRESIDENT SUSAN J. WIS	NOM LI DELETE	1.1 TITLE 1.2 NAME	 		Change Addition
STREET ADDRESS	UGO TRINIDAD D		1.3 STREET ADDRESS	_		
CITY-ST-ZIP	Sotellite Bosch 1	FL 32937	1.4 CITY-ST-ZIP	J (1	VIRECTOR_	
TITLE NAME		☐ DELETE	2.1 TITLE	FIRHMA	ir B. Verson	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	1825	South RIVERVIEW DURNE, P1 32901	DK
CITY-ST-ZIP				yjeib	ourne, M 32901	
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME	ļ		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	 		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<u> </u>		~ ~~~
TITLE NAME		L DELETE	4.1 TITLE 4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	<u> </u>	300092785	07038=017
CITY-ST-ZIP			4.4 CITY-ST-ZIP		****150.00	0 <u>***</u> *150.00
TITLE NAME		L DELETE	5.1 TITLE 5.2 NAME			Change Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		———	5.4 CITY-ST-ZIP		— · /- · ·	
NAME		DELETE	6.1 TITLE 6.2 NAME		10/21	Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ATMRESS		γ. '	

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. SIGNATURE:

CITY-ST-ZIP