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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90079 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000021953

1. Corporation Name
INTEGRATED SYSTEMS & NETWORK SOLUTIONS, INC.



Principal Place of Business
 C/O BARBARA TAYKAN
 ONE WEST FLAMINGO DRIVE SUITE 304
 PEMBROKE PINES FL 33027

Mailing Address
 C/O BARBARA TAYKAN
 ONE WEST FLAMINGO DRIVE SUITE 304
 PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0817310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

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

2. Principal Place of Business, Assoc. PA

21. 12169 Sheridan St

2a. Mailing Address

26. Suite, Apt. #, etc.

23. City & State Cooper City, FL

27. City & State

24. Zip 33026

28. Zip

9. Name and Address of Current Registered Agent

TAYKAN, BARBARA
 C/O BARBARA TAYKAN
 ONE WEST FLAMINGO DRIVE SUITE 304
 PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81. Name John, Persico
 82. Street Address (P.O. Box Number is Not Acceptable)
 C/O FEINSOD
 12169 Sheridan St
 83. City Cooper City FL 85 Zip Code 33026

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 ☐ DELETE
 NAME PERSICO, JOHN
 STREET ADDRESS C/O BARBARA TAYKAN
 CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D ☐ DELETE
 NAME VIDAL, CARLOS
 STREET ADDRESS C/O BARBARA TAYKAN
 CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME C/O FEINSOD + Assoc. P.A.
 1.3 STREET ADDRESS 12169 SHERIDAN ST
 1.4 CITY-ST-ZIP Cooper City FL 33026 ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME C/O FEINSOD + Assoc. P.A.
 2.3 STREET ADDRESS 12169 SHERIDAN ST
 2.4 CITY-ST-ZIP Cooper City, FL 33026 ☒ Change ☐ Addition

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

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

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

6.1 TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Persico

4-13-99

Date

Daytime Phone #

CR2E034 (1/198)