

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90171 043 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000056671

1. Corporation Name
INTER-OFFICE SOLUTIONS CORPORATION

Principal Place of Business
12436 SW 147TH TERR.
MIAMI FL 33186

Mailing Address
12436 SW 147TH TERR.
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 5757 BLUE LAGOON DR.		26. 5757 BLUE LAGOON DR.		06/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22. Ste. 130		27. Ste. 130		58-2397460	
City & State		City & State		Applied For	
23. Miami FL.		28. Miami FL.		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24. 33126		29. 33126		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		8.75 Additional Fee Required	
25. USA		30. USA		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NELSON-OLIPHANT, DARLENE
2071 SW 70TH AVE., SUITE G8
DAVE FL 33317

10. Name and Address of New Registered Agent

81. Name	Wayne Barclay
82. Street Address (P.O. Box Number is Not Acceptable)	12436 SW 147 TERRACE
83.	
84. City	Miami
85. Zip Code	FL 33186

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 Wayne Barclay

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President - P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ADOLPH BARCLAY
STREET ADDRESS		1.3 STREET ADDRESS	12733 SW 114 CT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President - V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DEAN BARCLAY
STREET ADDRESS		2.3 STREET ADDRESS	12436 SW 147 TERRACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer / Secretary - T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	WAYNE BARCLAY
STREET ADDRESS		3.3 STREET ADDRESS	12436 SW 147 TERRACE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Wayne Barclay DATE: 4/28/99 (305) 261-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)