

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

RECEIVED
 APR 22 1999
 DIVISION OF CORPORATIONS

DOCUMENT # P98000091852
 Corporation Name: **Information Systems Professionals, Inc**

1a. Principal Place of Business 5178 N.W. 103rd Ave. Miami, FL 33178
Mailing Address 5178 N.W. 103rd Avenue Miami, FL 33178

DO NOT WRITE IN THIS SPACE

2a. Principal Place of Business Miami, Florida
2b. Mailing Address 5178 N.W. 103rd Avenue
 Suite, Apt. #, etc.
City & State Miami, Florida
Zip Country

3. Date Incorporated or Qualified 10/27/98
4. FEI Number 65-0872659
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year's Intangible Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent
 Florida Incorporators, Inc.
 1221 Brickell Avenue, Suite 900
 Miami, FL 33131

10. Name and Address of New Registered Agent
01 Name N/A
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL **05 Zip Code**

Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.1608, Florida Statutes.

SIGNATURE DAVID R. SUTEK David R. Sutek
 Signature, Word or printed name of registered agent and the fee applicable.

4/22/99

(NOTE: Registered Agent signature required when retitling)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME AND ADDRESS PRESIDENT DAVID R. SUTEK 5178 N.W. 103rd Avenue Miami, FL 33178	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	1.2 NAME	
3. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
5. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	2.2 NAME	
7. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
9. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
13. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	4.2 NAME	
15. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
17. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
18. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	5.2 NAME	
19. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME AND ADDRESS [Empty]	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	

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5-17-99

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of 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: David R. Sutek

SIGNATURE REQUIRED 4/22/99