

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S74985** (0)

1. Corporation Name
INTEGRATED DEALER SYSTEMS INC.



Principal Place of Business: **10901 B ROOSEVELT BL S600 ST. PETERSBURG FL 33716 US**
Mailing Address: **10901 B ROSSEVELT BL S600 ST. PETERSBURG FL 33716 US**

3. Date Incorporated or Qualified: **08/16/1991** 3a. Date of Last Report: **06/22/1995**
4. FEI Number: **59-3102759 56-1472457** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
**B & C CORPORATE SERVICES, INC.
175 N.W. FIRST AVE.
SUITE 2000, COURT HOUSE CENTER
MIAMI FL 33128-9965**

10. Name and Address of New Registered Agent
81 Name: **SOHN C LaFAYETTE Lafayette Professional Association**
82 Street Address (P.O. Box Number is Not Acceptable): **East Lake Woodlands Exec. Ctr.**
83 **3446 East Lake Rd. Suite 20**
84 City: **Palm Harbor** 85 Zip Code: **FL 34685**

11. Pursuant to the provisions of Sections 607.0503 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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* **SOHN C LaFayette** DATE: **4-10-96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP HAWKINS, STEPHEN	<input checked="" type="checkbox"/>
NAME	89 BOLLAND CRESCENT	
STREET ADDRESS	AJAX, ONT. CANADA	
CITY - ST - ZIP		
TITLE	VP MCGILL, W. BRETT	<input checked="" type="checkbox"/>
NAME	1030 NORMANDY TRACE	
STREET ADDRESS	TAMPA FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. 1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Mueller, Mark W.		
13 STREET ADDRESS	1502 Crenshaw Point		
14 CITY - ST - ZIP	Wake Forest, NC 27587		
2. 1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Armstrong, John P.		
23 STREET ADDRESS	207 W. Aycock Street		
24 CITY - ST - ZIP	Raleigh, NC 27608		
3. 1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	Hawkins, Stephen		
33 STREET ADDRESS	160 Lake Driveway West		
34 CITY - ST - ZIP	Ajax, Ontario Canada	<input type="checkbox"/>	<input type="checkbox"/>
4. 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
5. 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
6. 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **John P. Armstrong** DATE: **4/10/96** TELEPHONE: **919/878-1900**

CR2E034 (12/95)