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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010065 (6)

INTEGRATED VENTURES, INC.

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



101 CENTURY 21 DRIVE SUITE 204 JACKSONVILLE FL 32218	!	101 CENTURY 21 DRIVE SUITE 204 JACKSONVILLE FL 32216			DO NOT WRITE IN	N THIS SPACE	
		····-		<u></u>	01/29/1996		
2. Principal Place of Busines 21	2a 26	. Mailing Address			4. FEt Number 59-3359262	F	pplied For lot Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.			39-0008202		Additional
22	27	Suite, Apr. W, etc.			5. Certificate of Status Desired	*	Additional Required
City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zφ	Countr	,			
	25 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILHOIT, BEVER	ALY T		81	Name			
214 TALLWOOD RD			82	Street Addr	ress (P.O. Box Number is Not Acceptable	·	
JACKSONVILLE	BEACH FL 32250		83		Tess (1.0. Box Hambor 15 Hot Acceptable	, 	
				<u> </u>	·		
			84	City		FL 85 Zip	Code
office or registered agen	s of Sections 607.0502 and 6 t, or both, in the State of Flori and accept the obligations o	da. Such change was :	authorized b	y the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing the appointment a	its registered s registered
SIGNATURE							
	profed name of tegistered agent and bit			ent signature requir	red when rainslating)	DATE	li
12.	OFFICERS AND DIRE	DELETE	13.	-	ADDITIONS/CHANGES TO OFFICE	AS AND DIRECTO	RS IN 12
	DOMENI V T	☐ DETERE	. 1.1 TITLE			L Change	L Audition 13
NAME ' WILHOIT, I			1.2 NAME				
STREET ADDRESS 214 TALLY				ADDRESS			
CITY-ST-ZIP JACKSON	VILLE PL	DELETE	1.4 CITY-	ST-ZIP		Change	- Laddiion
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STREET ADDRESS				ADDRESS			ļ
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STREET ADDRESS				ADDRESS	•		ĺ
CITY-ST-ZIP			4.4 CITY-				1
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NAME			6.2 NAME	Ì			
STREET ADDRESS							
			6,3 STRFF	ADDRESS I			
CITY-ST-ZIP			6.3 STREE	ADDRESS			}

officer or director of the corporation or the receiver or fusion 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.

904-724-2700