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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
D:VISION OF CORPORATIONS

1997
DOCUMENT # 430819

(3)

INTEGRATED BUILDING TECHNOLOGIES, INC.  Principal Place of Business Mailing Address 3000 NW 2ND AVENUE 3000 NW 2ND AVENUE						
3000 NW 2ND AVENUE BOCA RATON FL 33431		3000 NW 2ND AVENUE BOCA RATON FL 33431-6618		ŀ		
				3. Date Incorporated or Qualified 07/17/1973	3a. Date of Last R	eporl
2. Principal Place of I	Busness	2a. Mailing Address		4. FEI Number		plied For
1		26		59-1488141		t Applicable
Suite, Apt. #, etc.		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
(2)		[27]			Fee He	<u> </u>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
<b>3</b>	Gountry	<b>28</b> Zip	Country	8. This corporation has liability for		
4	25	29	30		]Yes □ No	100.000.
9, N	ame and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
LAVELLE, :	John a		B1   Name			
	2ND AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
BOCA RAT	ON FL 33431		83			
			63			
			84 City		FL 85 Zip (	Code
14 Dure card to the re	rate one of Soctions 607	0500 and 607 1508 Florida Sta	ter the above named cor	reporation submits this statement for the	DI MOSSO OF Changing it	e registered
11, ruisumit to the p	ed agent or both in the S	tate of Florida. Such change wa	s authorized by the corpora	ation's board of directors. I hereby acce	pt the appointment as	registered
onice of tedizing	and distance of the contract of the contract of					
	ar with, and accept the ol	oligations of, Section 607.0505,	Florida Statutes	rporation submits this statement for the pation's board of directors. I hereby acce	,	
SIGNATURE			Florida Statutes  OTE: Registered Agent eignature requ		DATE	· · · · · · · · · · · · · · · · · · ·
SIGNATURE Stgrature	typed or printed rame of registers				DATE	······
SIGNATURE Signature	typed or printed rame of registers	d openhand bis diappricable (N	OTE: Hegistered Agent signature requ	uired when reinstating)	DATE	S IN 12
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SIGNATURE

AGENTALIST OF PRINTED NAME OF BIGNING OFFICE

John A. Lavelle

3 14 97 (9-1) 392-2662

**FILED** 

Mar 19 1997 8:00am

Secretary of State

0313483