

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000005670 (5)**

1. Corporation Name

MANAGEMENT INTEGRATION TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

**108 SEA HAMMOCK
PONTE VEDRA FL 32082**

**108 SEA HAMMOCK
PONTE VEDRA FL 32082**

3. Date Incorporated or Qualified
12/14/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **969 Ponte Vedra Blvd.**

26 **969 Ponte Vedra Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ponte Vedra Beach, FL**

28 **Ponte Vedra Beach, FL**

Zip

Country

Zip

Country

24 **32082**

25 **USA**

29 **32082**

30 **USA**

4. FEI Number

43-1513969

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMER, LESLIE
108 SEA HAMMOCK
PONTE VEDRA FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

969 Ponte Vedra Blvd.

83

84 City

Ponte Vedra Beach

FL

85 Zip Code

32082

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

Signature required for principal place of business of registered agent (if applicable)

(If Applicable) Registered Agent Signature required when re-registering

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CPS**
STREET ADDRESS **PALMER, LESLIE**
CITY-ST-ZIP **108 SEA HAMMOCK**
PONTE VEDRA FL 32082

11 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12 NAME
13 STREET ADDRESS **969 Ponte Vedra Blvd.**
14 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☐ DELETE

NAME

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