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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006048 (2)**

1. Corporation Name

**INTEGRATION, NETWORKING, COMPUTERS, & ANALYSIS C
ORPORATION (INCA)**



Principal Place of Business

Mailing Address

**201 E PINE ST
STE 875
ORLANDO FL 32801
US**

**201 E PINE ST
STE 875
ORLANDO FL 32801-2729
US**

3. Date Incorporated or Qualified 11/23/1994	3a. Date of Last Report 04/10/1996
4. FEI Number 59-3267907	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, BARBARA
1220 SECTION LINE TRAIL
DELTONA FL 32725**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Vice President
NAME	SMITH, JERRY	1.2 NAME	Jerry Smith
STREET ADDRESS	1220 SECTION LINE TRAIL	1.3 STREET ADDRESS	1220 Section Line Trail
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	Deltona, FL 32725
TITLE	P	2.1 TITLE	
NAME	TATE, PHIL	2.2 NAME	
STREET ADDRESS	7085 BLAIR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	JOHNSON, SCOTT	3.2 NAME	
STREET ADDRESS	9012 RED GOLD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SMITT, MILLICENT K.	4.2 NAME	
STREET ADDRESS	481 BURNT TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Phil Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97 407-481-2545
Date Daytime Phone

CR2E034 (9/96)