**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	H1	1202	)
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1. Corporation Name

Zip   Country   Zip   Country   S. This capparation owes the current year Integrated   No.	Joro In	VESTMENTS, INC.									
25   ALPONNE SALVD   COMMISE PARK FL 32073   US   COMMISE PARK FL 32073			No. Million & Address of							LELI OTOTI LOGI	
CANNEE PARK FL 32073	•										
1.						1					
2. Principal Place of Business 2.2a. Molling Address SO/06/1984 4. FEI Number 50-2651578		FL 320/3					DO NOT WRITE IN THIS SPACE				
2.   Mailing Address	00		50			3. Date	Incorporated or Qualife	∍d			
Suite, Apt. #, etc.   20						07/0	6/1984				
Sulfe, Apt. #, etc.	2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI I	lumber		Ар	plied For	
Suite, Ast. R. etc. 27 27 27 28 28 29 29 29 29 29 20 29 20 20 20 20 20 20 20 20 20 20 20 20 20	21		26			59-2	.8515 <u>78                                    </u>		No	Applicable	
City & State   City & Country   Zip   Country   Zip   Country   Zip   Country   City		#, etc.	Suite, Apt. #, etc.			E Certi	icate of Status Desired				
Zip Country   Zip Country   Zip Country   Restrict restriction   State Contribution   Added to Fees   Name and Address of Current Registered Agent   25   29   30   50   10   Name and Address of New Registere of Agent   Name and Address of New Registere of Name   Name and N	22		27			J. 00/4					
29	City & State	& State City & State		I							
25   25   28   30	23			Trust	Fund Contribution		Added t	o Fees			
## 10 Name and Address of Current Registered Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 10 Name and Address of New Registere Of Agent ## 11 Name ## 12 Street Audress (P.O. Bo) Number is Not Acceptable) ## 11 Purpose of the provisions of Sciolons 607 0505 and 607 1508. Florida Statutes. ## 12 Purpose of the provisions of Sciolons 607 0505 and 607 1508. Florida Statutes the provisions about of changing its registered agent. or both, in the State of Florida. Such change was suthorized by the corporation's board of cliractors. I hereby accept the approintment as registered agent. I am familiar with, and as cept the obligation of , Section 607 0505. Florida Statutes.  ## 12 Purpose of the North Agent Agent agents are involved when remaining this statement for the purpose of changing its registered agent. I am familiar with, and as cept the obligation of , Section 607 0505. Florida Statutes.  ## 12 Purpose of the North Agent	Zip			Country		1 **		urrent year Ir		TNIC	
HORN, RONALD W. 356 BLANDING BLVD. ORANGE PARK FL 32073  82  44 City  FL  85  87  88  88  89  89  89  89  89  89  89	24			30					/ N		
HORN, RONALD W. 356 BLANDING BLVD. ORANGE PARK FL 32073  82 Street Address (P O. Box Number is Not Acceptable)  83 Street Address (P O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 Size of Address (P O. Box Number is Not Acceptable)  88 Size of Acceptable Statutes. The above-named or reportation submit is this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submit is this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, and accept the obligations of, Section 677 0505, Florida Statute.  SIGNATUF E  Signature, fixed or printed rained registered agent and title if applicable. In 1711 Interpolate agent and title if applicable.  11. Title DP DELETE I.1 TITLE DP SIZE DELETE II.1 TITLE DP SIZE DELETE II.1 TITLE DP SIZE SIZE DP SIZE DP SIZE SIZE SIZE DP SIZE SIZE SIZE SIZE SIZE SIZE SIZE SIZE		9. Name and Address of Curre	ent Registered Agent		Nama	10, Nam	e and Address of Nev	v Registeri c	7 Agent		
356 BLANDING BLVD. ORANGE PARK FL 32073  83  84 City FL 85 Zip Code  Inter Code  Inter Code  FL 85 Zip Code  Inter	HUB	N DONALD W		81	Manie						
ORANGE PARK FL 32073    88		•		82	Street	Address (P.O. B	> Number is Not Acce	ptable)			
B4   City	ļ			02		<del></del>					
11. Pursuent to the provisions of Sictions 607 (507) and 807 (508, Florida Statiles, the above-named or proration 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 app ointment as 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 app ointment as registered of directors, in the purpose of changing its registered of directors. I hereby accept the app ointment as registered agent. I am familiar with, and all cup the obligations of, Section 607,0505, Florida Statiles, the above-named or proration submit is this statement for the purpose of changing its registered of directors. I hereby accept the app ointment as registered agent. I all the corporation's board of directors. I hereby accept the app ointment as registered agent. I all the corporation's board of directors. I hereby accept the app ointment as registered agent. I all the corporation's board of directors. I hereby accept the app ointment as registered agent. I all the corporation's board of directors. I hereby accept the app ointment as registered agent. I all the corporation's board of directors. I hereby accept the app ointment as registered agent. I all the corporation's board of directors. I hereby accept the app ointment as registered agent. I all the corporation's blanch of directors. I hereby accept the app ointment as registered agent. I all the corporation's blanch of directors. I hereby accept the app ointment as registered agent. I all the corporation's blanch of directors. I hereby accept the app ointment as registered agent. I all the corporation's blanch of directors. I hereby accept the app ointment as registered agent. I all the corporation's blanch of directors. I hereby accept the app ointment as registered agent. I all the corporation's blanch of directors. I hereb	ONA	NGE PARK FE 320/3		03							
11. Pursuant to the provisions of Sictions 607.0502 and 607.1508, Florida Statutes, the above-named or represented agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered of agent. I have a such a such as a				84	City			FI	85 Zip (	Sode	
office or registered agent, or both, in the State or Florida. Such change was subtonized by the corporation's board or directors. Interby action in any interhal agent and around the obligations of, Section 607.0505. Finds Statutes.  SIGNATUFE  12. OFFICERS ANI) DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS IN DIRECTORS IN 12.  TITLE  DP DELETE  1.1 TITLE  DV DRANGE PARK FL  1.4 CITY. ST. ZIP  ORANGE PARK FL  1.4 CITY. ST. ZIP  ORANGE PARK FL  1.5 TITLE  DELETE  3.5 TREET ADDRESS  CITY. ST. ZIP  ORANGE PARK FL  1.6 Change  Addition  AMALE  STREET ADDRESS  CITY. ST. ZIP  ORANGE PARK FL  1.5 TITLE  DELETE  3.5 TREET ADDRESS  CITY. ST. ZIP  ORANGE PARK FL  1.5 TITLE  DELETE  3.5 TREET ADDRESS  CITY. ST. ZIP  Change  Addition  Addition  AMALE  STREET ADDRESS  CITY. ST. ZIP  TITLE  ADDRESS  CITY. ST. ZIP  TITLE  ADDRESS  CITY. ST. ZIP  TITLE  ADDRESS  CITY. ST. ZIP  ADDRESS  CITY. ST. ZIP  TITLE  ADDRESS  CITY. ST. ZIP  ADDRESS  CITY. ST. ZIP  ADDRESS  CITY. ST. ZIP  TITLE  ADDRESS  CITY. ST. ZIP  ADDRESS	44 Purpus nt	to the provinces of Scotions 607 Of	500 and 607 1508. Florida Statute	s the above	e-named	cc moration subj	ni s this statement for t	he purpose 0	of changing its	registered	
Signature, typed or primited are not inginitered agreement and time if apprinchable (Not's: Respective registering))   SATE	l office c.r.r.	agistared agent or both in the Stat	e of Florida, Such change was at	ithorized by	ine corbo	oration's board o	f directors. I hereby ac	cept the apro	ointment as re	gistered	
12.	SIGNATUFE	21	and and title if applicable (NOT 5)	Pagistered Ager	t sionahiré r	en red when reinstatu	na)	DATE			
TITLE	12				i ognato o			OFFICERS.	AND DIRECTO	FIS IN 12	
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STREET ADDRESS   STRE		_,		12 NAME							
OTY-ST-ZIP	\	ACA CLANDING OLUM		1.3 STREE	ADDRESS						
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STREET ADDRESS   356 BLANDING BLVD.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	i			2,2 NAME					/ _		
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( NIME OF BUILDING CO.	STREET ADDRESS				T ADDRESS						

14. I 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 attach nent with an address, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICEF OR DIRECTOR