FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

J67061 DOCUMENT #

(8)

INTEG	ARITY ENGINEERING, INC.					
Principal Place	of Business	Mailing Address	,			BY INDIA MANDA MANDA MANDA MANDA MANDA (MINI ANDI
% Daniel John Dahl 457 South Lake Triplet Drive Casselberry FL 32707		% Daniel John Dahl 457 South Lake Triplet Drive Casselberry FL 32707			× (,).	
V//VVIIVE		0.0000000000000000000000000000000000000			3. Date Incorporated or Qualified 04/13/1987	3a. Date of Last Report 03/21/1995
2. Principa! Place of Business		2a. Mailing Address	· _ ,		4. FET Number NOT APPLICABLE	Applied For
Strite And History		26	Suite, Apt. #, etc.		HOT AFFEIGABLE	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required	
City & State		City 8 State		6. Election Campaign Financing	\$5.00 May Be	
23]		28			Trust Fund Contribution	Added to Fees
Zip Tit	Country	Zip	Country		8. This corporation has liability for in	
24	25 25 Name and Address of Curren	29	30		Florida Statutes Yes 10. Name and Address of New Re	
	3.	t tiogisticios rigent	81	Name :	***************************************	3
DAHL.	DANIEL JOHN		82	Charact Adel	ress (P.O. Box Number is Not Acceptable	7)
	OUTH LAKE TRIPLET DRIVE		02	SUBUL AGG	ress (ro. box nomber is not neceptable	7
CASSE	LBERRY FL 32707		83			
			84	City		85 Zip Code
			1			
 or registere 	ed agent, or both, in the State of Floric	ta. Such change was authoriz	ed by the carpo	amed corpor tration's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	iose of changing its registered office intrient as registered agent. Lam
familias with	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes				
SIGNATURE _	Signature, typied or protekt name of registered agost.	anvittle it appizaros (NC)	DE Bugi Jored Agent	Signaturé respire	schaubaths nemes but neaf	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFE	
THLE	D	☐ DEFELE	1 1 TIFLE			Change Addition
NAME	DAHL, DANIEL JOHN	_	1.2 NAME			
STREET ADDRESS	457 S LAKE TRIPLET DRIVE		13 STREET	ADDRESS		,
CITY - S1 - ZiP	CASSELBERRY FL	Fig. Bei 174	1.4 CITY - ST	-7·P		1
1 1LF		□ DELETE	2 1 TillE			Change Addition
NAME			2.2 NAME	4000114		
STREET ADDRESS			2 3 STAFET A			
CHY-SI-ZIP TILE			2 4 CITY - ST 3 1 TITLE			Change Addition
NAML			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-S1-ZIP			3.4 CHTY - ST	1- ZIP		
THILE		☐ DELETE	4 1 Till.E			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A	ADURESS		· ·
CITY - ST - ZIP		E3 No. co	4.4 CITY - ST	- ZIP		The state of the s
TILLE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME	400000C		
STREET ADDRESS			5.3 STREFT :	1		
CITY-ST-ZIP TallE		DELETE	5 4 OHY-SI 6 1 THLE 4		20000177	■ Addition
NAME		L. 2222.2	6.2 NAME	- 444	70000177 -04/11/96010	19013
STREET ADDRESS			63 STREET	ADDRESS	***208.80	AW WAW
City-S1-7-P			64 CITY - ST			
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furn	nished and does	not qualify t	for the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

To hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption of the same legal effect as if made under 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 is Block 13 if chapted, or on an attachment with an address.

107 - 699 - 9067

107 - 699 - 3040

DANIEL J. DAHL) SIGNATURE: