

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K18573 (1)

1. Corporation Name
INTEGRATED PROPERTY MANAGEMENT, INC.



Principal Place of Business
3435 10TH STREET NORTH, STE 201
NAPLES FL 33940

Mailing Address
3435 10TH STREET NORTH, STE 201
NAPLES FL 33940

3. Date Incorporated or Qualified 03/18/1988 3a. Date of Last Report 05/01/1995
4. FEI Number 65-0039218 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

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

9. Name and Address of Current Registered Agent
FOSTER, AMY L
G/O INTEGRATED PROPERTY MGMT, INC.
3435 10TH STREET NORTH SUITE 201
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 321 LAMBTON LANE
84 City NAPLES FL 85 Zip Code 33942

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 or director or officer or authorized agent of corporation, who is signing for corporation.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	FOSTER, AMY L	1.2 NAME	
STREET ADDRESS	3435 10TH STREET, N. #201	1.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	1.4 CITY- ST- ZIP	
TITLE	PTV	2.1 TITLE	
NAME	FOSTER, AMY L	2.2 NAME	
STREET ADDRESS	3435 10TH STREET N #201	2.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	
NAME	FOSTER, AMY L	3.2 NAME	
STREET ADDRESS	3435 10TH STREET N #201	3.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Amy L Foster AMY L. FOSTER President 4/26/96 941-434-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone

CR2E034 (12/95)