

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K18573** (1)  
1. Corporation Name  
**INTEGRATED PROPERTY MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**3435 10TH STREET NORTH, STE 201  
NAPLES FL 34103** **3435 10TH STREET NORTH, STE 201  
NAPLES FL 34103-3815**

3. Date Incorporated or Qualified **03/18/1988** 3a. Date of Last Report **05/01/1996**  
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**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**FOSTER, AMY L  
-321 LAMBTON LANE  
-3435 10TH STREET NORTH SUITE 201  
-NAPLES FL 33942-**

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 **34104**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, AMY L</b>	1.2 NAME	
STREET ADDRESS	<b>3435 10TH STREET, N. #201</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PTV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, AMY L</b>	2.2 NAME	
STREET ADDRESS	<b>3435 10TH STREET N #201</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, AMY L</b>	3.2 NAME	
STREET ADDRESS	<b>3435 10TH STREET N #201</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Amy L Foster **AMY L FOSTER, President 4/15/97 (941)434-7447**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)