

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

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L39277 (3)
1. Corporation Name
INTEGRAL CONSTRUCTION OF BROWARD, INC.

Principal Place of Business 3469 NW 55TH ST FT. LAUDERDALE FL 33309 US	Mailing Address 3469 NW 55TH ST FT. LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0165369	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27	28	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SENFT, SCOTT J
128 SOUTH FEDERAL HIGHWAY
208
DANIA FL 33004

81 Name Clifford Gorman
82 Street Address (P.O. Box Number is Not Acceptable) 1 E. Broward Blvd. Suite #1600
83
84 City Ft. Lauderdale
85 Zip Code 33301

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

Clifford Gorman
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	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKER, WILLIAM	1.2 NAME	
STREET ADDRESS	5581 S.W. 7TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, FRED	2.2 NAME	
STREET ADDRESS	7158 NW 49TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKER, DIANE	3.2 NAME	
STREET ADDRESS	5581 SW 7TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, BARBARA	4.2 NAME	
STREET ADDRESS	7158 NW 49TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	4.4 CITY-ST-ZIP	
TITLE		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		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 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 supplementary 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; that the officer 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 from an attachment with an address.

SIGNATURE: *FRED L. COHEN* 3-25-98 954-485-1110

CR2E034 (10/97)