

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40662 (9)

1. Corporation Name

INTEGRA AUTOMOTIVE SECURITY SYSTEMS, INC.

Principal Place of Business

4220 W. COLONIAL DR.
ORLANDO FL 32808
US

Mailing Address

P. O. BOX 151263
ALTAMONTE SPRINGS FL 32715-1263

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1992

3a. Date of Last Report

06/08/1994

4. FEI Number

36-3611186

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BURNO, DONALD T.
4220 W. COLONIAL DR.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Must be signed by the Registered Agent)

Signature of Registered Agent (Must be signed by the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	BURNO, DONALD T.	4220 W. COLONIAL DR. #1	ORLANDO FL 32808
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
11 TITLE <td>12 NAME</td> <td>13 STREET ADDRESS</td> <td>14 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	☐ Change	☐ Addition
11 TITLE <td>12 NAME</td> <td>13 STREET ADDRESS</td> <td>14 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.03(2)(b), 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 on the receiver or transfer prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 407-270-0400