

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 # P93000001269 (8)

1. Corporation Name

INTEGRA FINANCIAL GROUP, INC.



Principal Place of Business

4505 SE BEAVER LANE
STUART FL 34997
US

Mailing Address

P.O. BOX 88
PORT SALERNO FL 34982-0088

3. Date Incorporated or Qualified
01/08/1993

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 2440 S. FEDERAL HWY

26 Same as above.

4. FEI Number
65-0379945

Applied For
Not Applicable

22 SUITE I

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 STUART, FL.

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 34994

25 MARTIN

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOPHER, GARY
4505 SE BEAVER LN
STUART FL 34997

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 607.0502 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

GARY CHRISTOPHER

GARY CHRISTOPHER

6-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHRISTOPHER, GARY
STREET ADDRESS 4505 SE BEAVER LANE
CITY-ST-ZIP STUART FL

TITLE V
NAME LEAS, DAVID SETTLE
STREET ADDRESS 17160-3 HAWKS NEST
CITY-ST-ZIP FT. MYERS FL

TITLE ST
NAME CHRISTOPHER, JOSEPHINE
STREET ADDRESS 4505 SE BEAVER LANE
CITY-ST-ZIP STUART FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Josephine Christopher Josephine Christopher 6-21-96 (561) 288-2062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)