

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

FILED

Jan 27 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 # P93000001269 (8)

1. Corporation Name
INTEGRA FINANCIAL GROUP, INC.



Principal Place of Business

2440 S FEDERAL HWY
SUITE 1
STUART FL 34994
US

Mailing Address

P.O. BOX 88
PORT SALERNO FL 34992-0088

3. Date Incorporated or Qualified

01/08/1993

3a. Date of Last Report

06/27/1996

4. FEI Number

65-0379945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 6325 Presidential Ct SW

Suite, Apt. #, etc

22 Suite 1B

City & State

23 FORT MYERS FL.

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 PO Box 07340

Suite, Apt. #, etc

27

City & State

28 FORT MYERS FL.

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

CHRISTOPHER, GARY
4505 SE BEAVER LN
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

Christopher, GARY

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

6325 PRESIDENTIAL CT SW

83

Suite 1B

84

CITY FORT MYERS

FL

85

Zip Code 33919

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*

PRESIDENT

1-18-97

(Signature, typed name, of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE ST ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8824 GENEVA ST.
1.4 CITY - ST - ZIP FORT MYERS FL. 33907

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8824 GENEVA ST.
2.4 CITY - ST - ZIP FORT MYERS FL. 33907

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
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:

Josephine Aristador, Secretary/Treasurer 1-18-97 (941) 481-7800

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone

0475223

CR2E034 (9/96)