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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DOCUMI I. Corporation Na INTEGR		00002200 (ERNATIONAL, INC.	2)		
Principal Place of	Business	Mailing Address			
676 YALE ROA DELAND FL 32		676 YALE ROAD DELAND FL 32724		Date Incorporated or Qualified 01/02/1993	3a. Date of Last Report 06/05/1995
		2a. Mailing Address		4. FEI Number	Applied For
 Principal Place 	e of Business	26		59-3160171	Not Applicable \$8.75 Additional
Suite. Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution 8. This corporation has liability for	Added to 1 863
Ζıρ	Country	Ζφ 29 1	Country 30	Florida Statutes	. X No
4	9. Name and Address of Cur			10. Name and Address of New F	legistered Agent
	<u>v.</u>		81 Name		
	R PAUL A		82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)
676 YAL			83		
DELANU	FL 32724		84 City		85 Zip Code
				poration submits this statement for the public and of directors. Thereby accept the app	recess of changing its registered office
SIGNATURE SI	D	AND DIRECTORS	13. 1 1 THE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	SHAFFER, PAUL A 676 YALE ROAD		1.3 STHEET ADDRESS	Shatter, Paul A.	
STREET ADDRESS CITY-ST-ZIP	DELAND FL 32724		1.1.01TV CT 710	04/2 St 32724	⊠ Change
TITLE	D	☐ DEFELE	2 1 TILE 2 NAME	VS O Shefter, Murcy B. 1,74 Yole Rd. Debord, Fl 32724	6 2000 30
NAME	SHAFFER, NANCY B 676 YALE ROAD		2.3 STREET ADDRESS	174 Yole Rd.	
STREET ADDRESS CITY-ST-ZIP	DELAND FL 32724		2.4 CHY S1-ZIP	Ochorde Fl 32724	Change Addition
TITLE		DELETE	3 1 TITLE 32 NAME	•	
			33 STHEET ADDRESS		
NAME STREET ADDRESS			3 4 CITY - ST - 71F		
STREET ADDRESS CITY - ST - ZIP		□ DELETE	4 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DEFELE	4 1 TillE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4 1 THUE 42 NAME 43 STREET ADDRESS 44 CHY ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE		DELETE	4 1 THLE 4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME			4 1 THE 42 NAME 43 STREET ADDRESS 44 CHY ST-ZIP 5 1 THE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4 1 THLE 42 NAME 43 STREET ADDRESS 44 CHY ST-ZIP 5 1 THE 52 NAME 53 STREET ADDRESS 54 CHY - ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME			4 1 THE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY ST-ZIP 5 1 THE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 THE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4 1 THE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY ST-ZIP 5 1 THE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST-ZIP 6 1 THE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4 1 THE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY ST-ZIP 5 1 THEF 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 THE 6 2 NAME 6 3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	by certify that the information sup	DELETE	4 TTILLE 42 NAME 43 STREET ADDRESS 44 GHY ST-ZIP 5 TTILLE 52 NAME 53 STREET ADDRESS 54 GHY-ST-ZIP 6 TTILLE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP 7 furnished and does not que	lify for the exemption stated in Section 1 courate and that my signature shall have	Change Addition Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP 14, 1 do herebe certify tha	it the intormation indicated on the	DELETE DELETE DELETE Delicit with this filing is voluntarily a price or supplemental report or supplemental rep	4 TTILLE 42 NAME 43 STREET ADDRESS 44 GHY ST-ZIP 5 TTILLE 52 NAME 53 STREET ADDRESS 54 GHY-ST-ZIP 6 TTILE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP y furnished and does not quell amusic report is true and actionstee empowered to execut	alify for the exemption stated in Section 1 lourate and that my signature shall have eithis report as required by Criapter 607	Change Addition Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP 14, 1 do herebe certify tha	if the information indicated on the Lam an officer or director of the h Block 12 or Block 13 if change	DELETE DELETE DELETE DELETE polied with this fling is voluntarily a number of or supplementation or the receiver or tod or on an attachment with an	4 1 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY ST-ZIP 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 THLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CHY-ST-ZIP 7 furnished and does not que 1 annual report is true and acrustee empowered to execut address.	this report as required by Chapter 607	Change Addition Change Addition Change Addition