

SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 - AMOUNT DUE ON OR BEFORE 07/30/96 IS \$226 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.

AMENDED PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



FILED
96 DEC 16 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014798
1. Corporation Name
INTEGRA Security And Investigations, Inc.

Principal Place of Business Mailing Address
1919 Blanding Blvd. SAME
Suite #4
Jacksonville, Florida 32210

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 02/19/93	3a. Date of Last Report
4. FEI Number 59-3166477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
David L. Harris
4719 Lexington Ave.
Jacksonville, Florida 32210

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *David L. Harris* (NOTE: Registered Agent signature required when reinstating) DATE: **12-10-96**

12. OFFICERS AND DIRECTORS

TITLE	V/T/D	<input checked="" type="checkbox"/> DELETE
NAME	Thomas E. Hale	
STREET ADDRESS	7458 Petrell Drive	
CITY-ST-ZIP	Jacksonville, Florida 32222	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	Reynaldo T. Bagsic	
STREET ADDRESS	6314 Ian Chand Drive West	
CITY-ST-ZIP	Jacksonville, Florida 32244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	David L. Harris	
13 STREET ADDRESS	4719 Lexington Ave.	
14 CITY-ST-ZIP	Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	V/D	
22 NAME	William E. Loomis	
23 STREET ADDRESS	6121 Collins Rd. #180	
24 CITY-ST-ZIP	Jacksonville, FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	S/T/D	
32 NAME	Teresa M. Smith	
33 STREET ADDRESS	4719 Lexington Ave.	
34 CITY-ST-ZIP	Jacksonville, Florida 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	700002038047--6	
44 CITY-ST-ZIP	-12/26/96--01013--001	
51 TITLE	*****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Harris* DATE: **12-10-96** COPYING FEE: **904 35493232**

CR2E034 (3/96)