

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000039617 (4)

1. Corporation Name

INTEGRATED, INC.



Principal Place of Business

Mailing Address

7606 LOST COVE CT.
ORLANDO FL 32819

7606 LOST COVE CT.
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, SHERRY L
8014 MADEIRA CT. S.
ORLANDO FL 32836

81 Name SHERRY L. AUSTIN
82 Street Address (P.O. Box Number is Not Acceptable)
7906 LOST COVE CT
83
84 City ORLANDO FL 85 Zip Code 32819

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

Sherry L. Austin

Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, ROBERT	
STREET ADDRESS	8014 MADEIRA CT. S.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, SHERRY L	
STREET ADDRESS	8014 MADEIRA CT. S.	
CITY-ST-ZIP	ORLANDO FL 32836	
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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT AUSTIN	
1.3 STREET ADDRESS	7906 LOST COVE CT	
1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHERRY L. AUSTIN	
2.3 STREET ADDRESS	7906 LOST COVE CT.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Sherry L. Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

407-876-2530

Daytime Phone #

CR2E034 (12/95)