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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000

1. Corporation Name
INTEGROUP DEVELOPMENT CORP. P94000049241 (0)

**FILED** Jun 30 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  7077 BONNEVAL RD 7077 BONNEVAL RD SUITE 450 ONE HARBERT CENTER SUITE 450 ONE HARBERT CENTER JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-8010								
						<ol> <li>Date Incorporated or Qualified 06/29/1994</li> </ol>	3e. Date of Last Report 08/14/1996	
2. Principal P	Place of Business	26	ling Address			4. FEI Number 59-3263552	Applied For Not Applicable	
Suite, Apt	600	27	e, Apl. #, etc. <i>60</i> 0	)		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	28	& State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Cauntry 25	<b>Z</b> ip <b>29</b>		Country 30	,		☐ Yes ☐ No	
<b></b>	9. Name and Address of Curre	nt Registered	l Agent		,	10. Name and Address of New Re	gistered Agent	
	ICKLEY, RONALD F			81	Name		1	
7077 BONNEVAL RD. SUITE 450				82	Street Ad	at Address (P.O. Box Number is Not Acceptable)		
	CKSONVILLE FL 32216			83	*** ** ** *** ************************			
				84	,		FL 85 Zip Code	
11. Pursuant office or r agent. I a SIGNATURE						rporation submits this statement for the ation's board of directors. I hereby acce		
12.	Signature, typed or printed name of registered at OFFICERS At	OD DIRECTOR		13.	ent signature req	Ulred when reinstatuig) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
TITLE	CSD	ND DIFFECTOR	DELETE	1111111		ADDITIONS/OFFAINGED TO OFFI	Change Addition	
NAME	VAN MOOK, A L "TON"			1.2 NAME			Shange hoshion	
STREET ADDRESS	7077 BONNEVAL RD., SUITI	E 450		1.3 STREET	ADDRESS	501	TE 600	
City-St-ZiP	JACKSONVILLE FL			14 CITY - S		<b>5</b> 0.	,	
TITLE	PT		DELETE	2 1 1 I I L			Change Addition	
NAME	BUCKLEY, RONALD F			22 NAME			-	
STREET ADDRESS	7077 BONNEVAL RD., SUITI	E 450		2.3 STREET	ADDRESS	SUI	TE 600	
CITY - ST - ZIP	JACKSONVILL FL			2 4 CITY-	31 - ZIP	ŭ	1	
TITLE	A8		DELETE	3 1 THTLE		····-	Change Addition	
NAME	Garripee, Lester N.			3 2 NAME				
STREET ADDRESS	7077 BONNEVAL RD., SUITI	E 450		3.3 STREET	ADDRESS	<b>5</b> 011	NE 600	
CITY-ST-ZIP	JACKSONVILLE FL			3 4. CITY-	ST - 71P			
TITLE			DELETE	4.1 TILLE			Change Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 S1REE I	ADDRESS			
CITY-ST-ZIP		TO SERVED TO THE SERVED STATE OF THE SERVED ST		4.4 CITY - 9	T - 7IP			
TITLE			DELETE	51 TILE			Change Addition	
NAME				5.2 NAME			<i>M</i> .	
STREET ADDRESS				5.3 STREE1	ADDRESS		W, 12V	
CITY-ST-ZIP				5.4 CITY - S	1 - ZiP		الرابا الماليا	
TITLE			☐ DEFETE	6.1 TITLE		20000222	Change Addition	
NAME				6.2 NAME		30000222 -06/30/97011	20004	
STREET ADDRESS				G.3 STREET	ADDRESS	***550.00	-U UU I	
CITY-ST-ZIP	- Cf Alas II a lafa a la			6.4 CITY - S	1 ZIP	**************************************		

Information indicated on this annual report or supplied which are some queens for the exemption stated in Section 119.07(3)(t). 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 eath; 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.

N. GARRIDGE 3/1861 CON- VALLETO