SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000000884 (3)**

1. Corporation Name
INTEGROUP DEVELOPMENT CORP. OF JAX

Principal Place of Business
7077 BONNEVAL RD
ONE HARBERT CENTER SUITE 300
JACKSONVILLE FL 32216

Mailing Address
7077 BONNEVAL RD
ONE HARBERT CENTER SUITE 300
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 01/04/1995
3a. Date of Last Report: —

4. FEI Number: 59-3285496 — Applied For / Not Applicable

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

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [✓] No

9. **Name and Address of Current Registered Agent**
F&L CORP
200 LAURA ST
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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: [illegible] (Typed or printed name of person signing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	VAN MOOK, A L "TON"	
STREET ADDRESS	7077 BONNEVAL RD ONE HARBERT CTR #300	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/B/D	[✓] Change [ ] Addition
1.2 NAME	Van Mook, A.L. "Ton"	
1.3 STREET ADDRESS	7077 Bonneval Road, Suite 450	
1.4 CITY-ST-ZIP	Jacksonville, Florida 32216	
2.1 TITLE	P/T	[ ] Change [✓] Addition
2.2 NAME	Buckley, Ronald F.	
2.3 STREET ADDRESS	7077 Bonneval Road, Suite 450	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32216	
3.1 TITLE	AS	[ ] Change [✓] Addition
3.2 NAME	Garripee, Lester N.	
3.3 STREET ADDRESS	7077 Bonneval Road, Suite 450	
3.4 CITY-ST-ZIP	Jacksonville, Florida 32216	
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 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: [signature] 8-6-96 (904) 296-2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — PHONE #
Lester N. Garripee

CR2E034 (3/96)

0004102 CP