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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000015941 (4)

AUDIT INTEGRATIONS, INC.

Principal Place of Business

Mailing Address

DOT CONGDESSIONAL WAY

## **FILED** Mar 31 1997 8:00am Secretary of State



	BEACH FL 33073	DEERFIELD BEACH FL 3						
				3. Date Incorporated or Qualified 02/27/1995	3a. Date of Last Report 04/26/1996			
2. Principal	Place of Business	2a. Mailing Address			4. FEt Number		Ap	plied For
21		26			65-0570488			t Applicable
Suite, Ap 22	ot #. eta	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Str 23	ate	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Z <sub>(</sub> p)	Country	Zip	Countr 30	y	8. This corporation has liability for i	intangible ta		199.032,
24	25 Name and Address of Cur	rent Registered Agent	[30]		10. Name and Address of New Re			
	<u> </u>		81	Name	10.			
	AYLOR, GREGORY J D7 CONGRESSIONAL WAY		82		(D.O. D. M   D. M	1-1-	<del></del> -	
DEERFIELD BEACH FL 33073				Street Ad	Idress (P.O. Box Number is Not Acceptab			
U	ECHFIELD BEACH FL 330/3		83	3				
				1 2.	The state of the s		1221	~ .
			84	City		FL	<b>65</b> Zip (	Code
office of agent I SIGNATURE	am familiar with, and accept the ob	higations of, Section 607.0505, F	-iorida Statute	9\$.	orporation submits this statement for the pration's board of directors. I hereby acceptions when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITLE				Change	Addition
NAME	SHOEMAKER, DANIEL D		1.2 NAME					
STREET ADDRESS	AND CONCERNATION AND	Y	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 330	73	1.4 CITY -	ST-ZIP				
1:TLE	D	DELETE	2.1 TITLE			I	Change	Addition
NAME	BAYLOR, GREGORY J		2 2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-SI-ZIP	DEERFIELD BEACH FL 330		2 4 CITY		Jan	······	1000000	Addition
THEE	D	DELETE	31 TITLE	į		L	Change	Addition
NAME	OWEN, DAVID		3.2 NAME					
STREET ADDRES			li i	ET ADDRESS				
CITY - ST - ZIP TITLE	EAST MOLINE IL 81244	DELETE	3.4. CITY 4.1 TITLE				Change	Addition
NAMÉ		otter	4. 2 NAM			•		
STREET ADDRES				ET ADORESS				
CHY+S1+7IP	~		4.4 CITY	- 1				
TITLE		DELETE	5.1 TITLE			l	Change	Addition
NAMÉ			5.2 NAMI	[	·			
STREET ADDRES	8		5.3 STRE	ET ADDRESS				
COY-ST-ZIP		=	5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS	55		6.3 STRE	ET ADDRESS				
City S1-ZIP			6.4 CITY	-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 at hment with an address.

SIGNATURE:

GREGORY J. BAYLOR 3-25-97 (954)422-8989