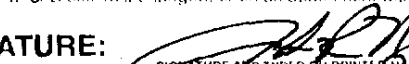


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 996000039980 1. Corporation Name: Integrated Strategies Group			
Principal Place of Business 2500 N. Federal Hwy, Suite 100 Ft. Lauderdale, FL 33305		Mailing Address DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		4. FEI Number	
21	26	65-0675452	
Suite, Apt. #, etc.		Applied For	
22		Not Applicable	
City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24		25	
Country		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Steve Warner 6246 N. Federal Hwy, Suite 506 Ft. Land, FL 33306		81 Name: Jonathan K. Hage 82 Street Address (P.O. Box Number is Not Acceptable): 2500 N. Federal Hwy, Suite 100 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33305	
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:  Jonathan K. Hage, President (NOTE: Registered Agent's signature required when changing) (DATE)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President ☐ DELETE		1.1 TITLE: ☐ Change ☐ Addition	
1.2 NAME: Jonathan K. Hage		1.2 NAME:	
1.3 STREET ADDRESS: 2500 N. Fed. Hwy, Suite 100		1.3 STREET ADDRESS:	
1.4 CITY-STATE-ZIP: Ft. Lauderdale, FL 33305		1.4 CITY-STATE-ZIP:	
2.1 TITLE: Secretary/Treasurer ☐ DELETE		2.1 TITLE: ☐ Change ☐ Addition	
2.2 NAME: Terrance Anthony		2.2 NAME:	
2.3 STREET ADDRESS: 2500 N. Fed. Hwy, Suite 100		2.3 STREET ADDRESS:	
2.4 CITY-STATE-ZIP: Ft. Lauderdale, FL 33305		2.4 CITY-STATE-ZIP:	
3.1 TITLE: ☐ DELETE		3.1 TITLE: ☐ Change ☐ Addition	
3.2 NAME:		3.2 NAME:	
3.3 STREET ADDRESS:		3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
4.1 TITLE: ☐ DELETE		4.1 TITLE: ☐ Change ☐ Addition	
4.2 NAME:		4.2 NAME:	
4.3 STREET ADDRESS:		4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
5.1 TITLE: ☐ DELETE		5.1 TITLE: ☐ Change ☐ Addition	
5.2 NAME:		5.2 NAME:	
5.3 STREET ADDRESS:		5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
6.1 TITLE: ☐ DELETE		6.1 TITLE: ☐ Change ☐ Addition	
6.2 NAME:		6.2 NAME:	
6.3 STREET ADDRESS:		6.3 STREET ADDRESS:	
6.4 CITY-STATE-ZIP:		6.4 CITY-STATE-ZIP:	
14. I 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 attachment with an address.			
SIGNATURE:  Jonathan K. Hage 9/30/98			

CR2E034 (5/98)