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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083813 (1)

1. Corporation Name
INTEGRALE, INC.



Principal Place of Business
1295 28TH STREET SOUTH
ST. PETERSBURG FL 33712

Mailing Address
1295 28TH STREET SOUTH
ST. PETERSBURG FL 33712-1809

3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report
4. FEI Number 59-3417938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 3653
22. City & State	27. Suite, Apt. #, etc.
23. City & State	28. SEMINOLE, FL
24. Zip	29. 33775-3653
25. Country	30. USA

9. Name and Address of Current Registered Agent FERNANDEZ-NICHOLLS, MARIA V 1295 28TH STREET SOUTH ST. PETERSBURG FL 33712	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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change
NAME	FERNANDEZ-NICHOLLS, MARIA V	1.2 NAME	
STREET ADDRESS	1295 28TH STREET SOUTH	1.3 STREET ADDRESS	P.O. Box 3653
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	SEMINOLE, FL 33775-3653
TITLE	D	2.1 TITLE	Change
NAME	AYLESWORTH, DAWN E	2.2 NAME	
STREET ADDRESS	1295 28TH STREET SOUTH	2.3 STREET ADDRESS	P.O. Box 3653
CITY-ST-ZIP	ST. PETERSBURG FL 33712	2.4 CITY-ST-ZIP	SEMINOLE, FL 33775-3653
TITLE		3.1 TITLE	Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-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 attachment with an address.

SIGNATURE: _____ DATE: 4-29-97 (813) 347-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)