
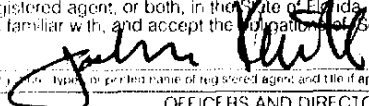
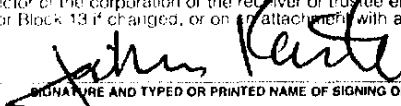


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 09 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 # <b>PA6000091567</b>			
1. Corporation Name <b>National Integrators, Inc.</b>			
Principal Place of Business		Mailing Address	
<b>4230 S MacDill Ave, Suite 2</b>		<b>Tampa, FL 33611</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Same		26. Same	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81. Name <b>John T Korta</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>4230 S MacDill Ave</b>	
		83.	
		84. City <b>Tampa, FL</b>	
		85. Zip Code <b>33611</b>	
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 responsibility of, Section 607.0505, Florida Statutes.			
SIGNATURE:  5/6/97			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE <input type="checkbox"/> DELETE		11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>D John Korta</b>		12. NAME	
STREET ADDRESS <b>4230 S MacDill Ave</b>		13. STREET ADDRESS	
CITY-ST-ZIP <b>Tampa, FL 33611</b>		14. CITY-ST-ZIP	
21. TITLE <input type="checkbox"/> DELETE		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
31. TITLE <input type="checkbox"/> DELETE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
41. TITLE <input type="checkbox"/> DELETE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
51. TITLE <input type="checkbox"/> DELETE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
61. TITLE <input type="checkbox"/> DELETE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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:  5/6/97 813-837-8711			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)