

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000722 (3)
1. Corporation Name
INTEGRATION, INC.



Principal Place of Business 109 COLONY BAY HARBOUR DRIVE PANAMA CITY FL 32407	Mailing Address 109 COLONY BAY HARBOUR DRIVE PANAMA CITY FL 32407
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/03/1997	4. FEI Number 59-3418466	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 8317 FRONT BECH RD Suite, Apt. #, etc. 22 SUITE 8B City & State 23 PANAMA CITY BECH, FL Zip 24 32407 Country 25 USA	2a. Mailing Address 26 8317 FRONT BECH RD Suite, Apt. #, etc. 27 SUITE 8B City & State 28 PANAMA CITY BECH, FL Zip 29 32407 Country 30 USA
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9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name INTEGRATION, INC DAVID C. BRAA 82 Street Address (P.O. Box Number is Not Acceptable) 8317 FRONT BECH ROAD 83 SUITE 8B 84 City PANAMA CITY BECH FL 85 Zip Code 32407

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  DATE 1/8/98
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	BRAA, DAVID C
STREET ADDRESS	109 COLONY BAY HARBOUR DRIVE
CITY-ST-ZIP	PANAMA CITY FL 32407
TITLE	VSD <input type="checkbox"/> DELETE
NAME	ADKINS, ROBERT A
STREET ADDRESS	109 COLONY BAY HARBOUR DRIVE
CITY-ST-ZIP	PANAMA CITY FL 32407
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID C. BRAA
1.3 STREET ADDRESS	8317 FRONT BECH RD STE 8B
1.4 CITY-ST-ZIP	PCB FL 32407
2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT A. ADKINS
2.3 STREET ADDRESS	8317 FRONT BECH RD. STE 8B
2.4 CITY-ST-ZIP	PCB FL 32407
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:  DATE 1/10/98 850235 2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)