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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P9700045669 (3)

INTEGRATED BUSINESS RESOURCES, INC.

## FILED Apr 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 12 AVISTA CIRCLE 12 AVISTA CIRCLE ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 Applied For Not Applicable \$8.75 Additional Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Properly Tax due June 30. Name and Address of New Registered Agent ZAPPA, LOUIS Name 12 AVISTA CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 83 84 City 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) Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 🔲 DLÍETÉ Addition Change TITLE 1.11000 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - \$1 - 2IP CITY-S1-ZIP Change DELETE 2.1 TITLE III Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY - ST - ZIP DELETE Change Addition TITLE 3.1 11114 NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DETETE Change TITLE 4.1 TILLE ☐ Addition NAME 4. 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE Addition TITLE 51 Tille NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP DELFTE Change pollibbA 🔲 TITLE 6.1 1111.1 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City-S1-ZIP

14. Thereby certify that the information supplied with this filling 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 eath, 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 organ attachment with an address.

Quelt

4-6-92 (904)