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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90121 035 ***150.00

DOCUMENT # P97000077645

1. Corporation Name

| INTEGRA | ITED MANAGEMENT SERVI | CES GROUP, INC. | | | | | | |
|--|--|---------------------------|-----------------|----------------|---|--|---------------------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | 1 10 Bit 201 tim initi tanti anti anti anti anti anti an | 1641 14010 BUILL | 1881 8111 1881 |
| 3364 LIGHTHOUSE POINT LN JACKSONVILLE FL 32250 US 3364 LIGHTHOUSE POINT LN JACKSONVILLE FL 32250 US | | | | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed 09/08/1997 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | Apr | olied For |
| 21 | | 26 | | | | 59-3475231 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | | | | 5. Certificate of Status Desired | \$8.75 A Fee Rec | |
| - City & State | , , , , , , , , , , , , , , , , , , , | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 i Added to | , |
| Zip | | | | Country | | 8. This corporation owes the current year Into | angible | , |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes | ☑ No |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered | sgent | |
| SMITH HULSEY & BUSEY 225 WATER ST., STE. 1800 JACKSONVILLE FL 32202 | | | | 81 82 83 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 84 | City | FL | 85 Zip C | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat | of Florida. Such change v | was author | rized by 1 | the corpora | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin | changing its i itment as reg | registered jistered |
| SIGNATURE | | | | _ | | | | } |
| | Signature, typed or printed name of registered agen | | | | t signature requ | ired when reinstating) DATE | D DIDECTO | DC IN 12 |
| 12. | OFFICERS AND DIRECTORS DELETE | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | Change | Addition |
| TITLE | PTS | DECETE | | 1.1 TITLE | | | ondrige | |
| NAME | Bantona, on the b | | | 1.2 NAME | 1 | | | |
| STREET ADDRESS | 0001 210111110002 1 01111 1111 | | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | DELETE 2.1 | | 2.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | 22' | | 2.2 NAME | | | | | |
| STREET ADDRESS 23 ST | | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-5 | T-ZIP | | | |
| TITLE | | ☐ DEFE. | TE : | 3.1 TITLE | | | Change | ☐ Addition |

5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

34 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: 5

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Stanley B. Zawrotn

☐ DELETE

☐ DELETE

Change

___ Change

Addition

Addition

CR2E034 (11/98)