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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-25-1999 90022 019 ***150.00

DOCUMENT # P9700081585 1. Corporation Name INTEGRATED PROPERTIES, INC.					
Principal Place	of Business	Mailing Address			
·	,	5051 CASTELLO DRIVE	•		
5051 CASTELLO DRIVE 5051 CASTELLO DRIVE SUITE 19 SUITE 19					DO NOT WORTE IN THIS COASE
NAPLES FL 34103 NAPLES FL 34103					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 09/19/1997
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
2. Principal Place of Business		26			59-3476861 Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certifcate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country		Zip Country		y	8. This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. Yes No
1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
			8	I Name	
VOLPE, MICHAEL J			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)
4001 TAMIAMI TRAIL NORTH					
SUITE 330 NAPLES FL 34103			83	⁵	
NAPI		84	4 City	FL 85 Zip Code	
			45		poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	M tamiliar With, and accept the oblig	gent and title if applicable. (NOTE: R.	egistered Ag	3 .	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRECTORS	13.		Change ☐ Addition
TITLE	PSTD MUDDLIN FLICENE B	Decere	1.2 NAME		
NAME	MURPHY, EUGENE P 5051 CASTELLO DRIVE		1	ET ADDRESS	
STREET ADDRESS	NAPLES FL 34103		1,4 CITY-	Į.	
City-St-Zip Title	NAPLES PL 34103	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	:	
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
T/TLE	. DELETE 3.1 TO		3.1 TITLE		. □ Change □ Addition
NAME		,	3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4, CITY		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		L1 Change ☐ Addult
NAME			4. 2 NAM		
STREET ADDRESS				ET ADORESS	
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE		☐ Change ☐ Additi
TITLE			5.1 NAME		
NAME STREET ADDRESS				ET ADDRESS	·
CITY-ST-ZIP			5.4 CITY-	1	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	.	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this fiting 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 supplied with the information indicated on this annual report or supplied with that I am an officer or director of the dorporation or the receiver in 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:

Daytime Phone #