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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 AM 12:35

DOCUMENT # P98000034393

1. Corporation Name

INTEGRATED HUMAN RESOURCES, INC.

Principal Place of Business
245 Condor Court
Bodega Bay, CA 94923

Mailing Address
245 Condor Court
Bodega Bay, CA 94923

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1495 Sea Way
Suite, Apt. #, etc.
22
City & State
23 Bodega Bay, CA
Zip 24 94923 Country 25 US

2a. Mailing Address
26 P. O. Box 1167
Suite, Apt. #, etc.
27
City & State
28 Bodega Bay, CA
Zip 29 94923-1167 Country 30 US

3. Date Incorporated or Qualified
04/13/1998

4. FEI Number
59-3506880

Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Deglomine, Anthony III
800 N. Magnolia Avenue
Suite 1500
Orlando, FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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
Signature, typed or printed name of registered agent and title if applicable (Must Be Dated) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	Nelson, E. Dean	
STREET ADDRESS	245 Condor Court	
CITY-ST-ZIP	Bodega Bay, CA 94923	
TITLE	D	[ ] DELETE
NAME	Deglomine, Anthony III	
STREET ADDRESS	800 N.Magnolia Ave., Suite 1500	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	[ ] DELETE
NAME	Russell, Douglas R.	
STREET ADDRESS	1281 N. Lake Syvelia Drive	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	[ ] DELETE
NAME	Salerno, Russell	
STREET ADDRESS	3861 N. Lake Orlando Parkway	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
61 TITLE	D/P/S	[X] Change [ ] Addition
62 NAME	Nelson, E. Dean	
63 STREET ADDRESS	1495 Sea Way	
64 CITY-ST-ZIP	Bodega Bay, CA 94923	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (11/98)

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: 03/09/99 (407) 428-5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Anthony Deglomine, III