PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000067511
1 Corporation Name	1 000000101

INTEGRISOFT, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90098 011 ***150.00



Principal Place	rincipal Place of Business Mailing Address					4 18811881 (19 1818) 18111 88111 88111 88111 88111 18801 81111 18801 81111					
4011 CONCORD WAY 4011 CONCORD WAY											
PLANT CITY FL 33567 PLANT CITY FL 33567											
					Ļ	DO NOT WRITE IN THIS 3. Date incorporated or Qualifed			SPACE		
_						3. Date incorp 07/30/19			•		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			App	lied For	
		26	7			59-1	35259	2	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				- 0-16-4 6			Chaban Daniand		\$8.75 A	dditional	
22		27	7]			5. Certificate o	f Status Desired		Fee Rec	quired	
City & State		City & State	City & State			в Election Ca	mpaign Financing		\$5.00	May Be	
23					ļ		Contribution		Added to		
Zip				у		8. This corporation owes the current year Intangible					
24	25	29 3	0			Personal Pr			Yes	No	
	9. Name and Address of Current					10. Name and Address of New Registered Agent					
			81	1 [1	Name	·			}		
MAL	ec, lorne			1		(D.O. D M	-bas is blat Assent	oblo)			
4011	CONCORD WAY		82	1	Street Address	s (P.O. Box Nun	nber is Not Accept	aule)			
	NT CITY FL 33567		83	3	_					_	
			84		City			FL	1	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	/e-n	named corpora	ation submits thi	s statement for the	purpose of	changing its	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the Stategorm familiar with, and accept the or free in	Florida. Such change was autions of Section 607 0505. Florid	horized by la Statute:	y the S	e corporation's	s board of direct	tors. I hereby acce	pt the appoir	ıtment as reg	listered	
	Traine VIVI	2000			•		u/	8/199	79		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					ignature required w	hen reinstating)	- 	DATE	<u>`</u>		
12.	OFFICERS AND DIRECTORS 13.		13.	-		ADDITIONS	CHANGES TO OF	FICERS AN		RS IN 12	
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NAME	Incha D Matoc		1.2 NAME		112	sine P	Malec	<i>.</i> '			
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NAME				6.2 NAME							
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CITY-ST-ZIP 14. I hereby 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 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: