**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000071443

INTEGRATED BUSINESS DEVELOPMENT, INC.

					· · · · · · ·	
Principal Place	e of Business	Mailing Address				
1684 WHISKEY		1684 WHISKEY CREEK DRIVE				
FORT MYERS FL 33919		FORT MYERS FL 33919				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/17/1998
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0861442 Not Applicable
Suite, Art. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State				6. Electior Campaign Financing \$5.00 Nay Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
41.45	DI 1140/FB		ŀ	81	Name	
AMERILAWYER				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE			1	GII GII GOLI III		
COR	AL GABLES FL 33134			83		
			-	84	City	85 Zip Code
					•	F1_
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a.	ithonzed	by t	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURIE	Signature, typed or printed near e of registered ager	nt and title if applicable. (NOTE	Registered /	Agent	t signature require	ad when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIO VS/CHANGES TO OFFICERS AND DIRECTOR:3 IN 12
TITLE	PD	☐ DELETE	1.1 717	.E		☐ Change ☐ Addition
NAME	LANE, ROBERT L		1.2 NA	νE		
STREET ADDRESS	1684 WHISKEY CREEK DRIVE		13 STF	13 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		14 CIT	14 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITI	2.1 TITLE		☐ Change ☐ Addition
NAME	LANE, ANNA M		2.2 NA	2.2 NAME		'
STREET ADDRESS	1684 WHISKEY CREEK DRIVE		23 STF	2 3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		2. 4 CIT	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 T!TI	LΕ	$ \top$	☐ Change ☐ Addition
NAME			3.2 NA	ΜE		
STREET ADDRES 3			33 STREET AD		ADDRESS	
CITY-ST-ZIP			34, CIT	Y- S1	T-ZIP	
TITLE		☐ DELETE	4 1 TITI	LE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			43STF	REET	ADDRESS	
CITY-ST-ZIP			4 4 CIT	4 4 CITY- ST- ZIP		
TITLE		☐ DELETE	5.1 TIT	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAI	ME		
STREET ADDRESS			5.3 STF	REET	ADDRESS	
CITY OT 710			54 CIT	Y-ST	- ZIP	

14. I hereby certify that the informatic n supplied with this filing does not qualify for the exemption stated in Section 119.07(S)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplimental 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 or a supplied with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

CR2E034 (11/98)

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90256 004 \*\*\*150.00

☐ Addition