PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V72627**

1. Corporation Name

INTEGRAT								
Principal Place	of Business	Mailing Addr	Mailing Address			1.001.001.001.001		
8641 N.W. 51 PLA CORAL SPRINGS		8641 N.W. 51 PLACE CORAL SPRINGS FL 33065			DO NOT W			
						3. Date Incorporated or Qualit		
2. Principal Place	2. Principal Place of Business 2a. Mailing Address				4, FEI Number 65-0370563			
Suite, Apt. #,	etc.	Suite, Ap	t. #, etc.	د ون	. · , - ·	5. Certifcate of Status Desired		
City & State		City & St	ate			Election Campaign Financi Trust Fund Contribution		
Zip 24	Country 25	Zip 29	30	Country		This corporation owes the Personal Property Tax.		
	g. Name and Address of Current Registered Agent					10. Name and Address of Ne		
GROS	SJUNG, PAMELA L.			81	Name			
8641	N.W. 51 PLACE					et Address (P.O. Box Number is Not Acce		
CORA	L SPRINGS FL 33065			83				
				84	City			
office or rec	the provisions of Sections 60 gistered agent, or both, in the familiar with, and accept the	State of Florida. Such c	nange was autho	onzea by	tne corpora	orporation submits this statement for ation's board of directors. I hereby a		
SIGNATURE _	Ignature, typed or printed name of registr	ered agent and title if annivable	(NOTE: Rev	nenA henetair	t signature ren	uired when reinstating)		
12.		RS AND DIRECTORS	(7.5.12. 108)	13.		ADDITIONS/CHANGES TO		
12.] per ext		1			

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90004 034 ***150.00



Principal Place of Business Mailing Address							
8641 N.W. 51 P	LACE	8641 N.W. 51 PLACE					
CORAL SPRING	S FL 33065	CORAL SPRINGS FL 33065	RAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	7
						10/15/1992	
		a Mailing Address		_		4. FEI Number Applied For	1
-	lace of Business	2a. Mailing Address				65-0370563 Not Applicable	1
21		Suite, Apt. #, etc.		_		\$8.75 Additional	1
Suite, Apt. #, etc.		27			, -	5. Certificate of Status Desired Fee Required	1
City & State		City & State				6. Election Campaign Financing 55.00 May Be	1
23		28				Trust Fund Contribution Added to Fees	-
Zip Country		Zip Country			8. This corporation owes the current year Intangible	1	
24	25	29 3	0			Personal Property Tax.	_
	g. Name and Address of Current					10. Name and Address of New Registered Agent]
<u> </u>				81 Na	me		
	SSJUNG, PAMELA L.		}	82 Str	eet Addre	ress (P.O. Box Number is Not Acceptable)	1
8641 N.W. 51 PLACE				02 30	eet Addre	655 (1.0. Box Hallibor to Hot / toochasto)	
COR	AL SPRINGS FL 33065		İ	83	•		
			}	04 00		85 Zip Code	4
				84 Cit	у	FL S Z F S Z F S S T T	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	nonzed	by the (ned corpo corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	}
SIGNATURE					<u></u>		ļ.,
	Signature, typed or printed name of registered agen		<u> </u>	Agent signa	ture required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4 8
12.	OFFICERS AN	D DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	d 3
TITLE	D COOCCUINC DANELA I	C) OCTU			1		1
NAME	GROSSJUNG, PAMELA L.		1.2 NA		1500		1 8
STREET ADDRESS	8641 NW 51 PL			REET ADOF	(500)		1 5
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE	2.1 TIT	Y-ST-ZIP		☐ Change ☐ Addition	, է
TITLE	D COCCURRO THOMAS I	U DECETE	2.2 NA				}
NAME	GROSSJUNG, THOMAS L.			ME REET ADDF).cec		
STREET ADDRESS	8641 NW 51 PL Coral Springs FL	والمراجي ومناه والمراجين فأرار			L 🗓	المنافق المعاور المعاور المعاور المستمال المتعاول المتعاو	
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NAME)Eee		
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NAME				REET ADD	RESS		
STREET ADDRESS				Y-ST-ZIP			1
CITY-ST-ZIP	İ		J. 7 ()		1		;

CITY-ST-ZIP 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: 9

954-344-0498