SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # V72830 (5)

1. Corporation Name
INTEGRATED CORPORATE HEALTH RESOURCES, INCORPORATED

Principal Place of Business
P.O. BOX 13786
ST. PETERSBURG FL 33733

Mailing Address
P.O. BOX 13786
ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1992

4. FEI Number
59-3145830 [ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SCHUMACHER, SCOTT
2579 62ND AVENUE SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent
81 Name SCHUMACHER, SCOTT
82 Street Address (P.O. Box Number is Not Acceptable) 4820 OLIVER ST.
83 #605
84 City ST. PETERSBURG FL 85 Zip Code 33711

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 P. Scott Schumacher 9/27/98
(Business Agent's signature is required by law) DATE

12. OFFICERS AND DIRECTORS

1 TITLE	DPT	[ ] DELETE
1 NAME	SCHUMACHER, SCOTT	
1 STREET ADDRESS	2579 62ND AVENUE SOUTH	
1 CITY ST ZIP	ST. PETERSBURG FL	
2 TITLE	DVPS	[ ] DELETE
2 NAME	SPIVEY, KELLY	
2 STREET ADDRESS	2101 OAK HILL DR	
2 CITY ST ZIP	VALROCO FL	
3 TITLE	D	[X] DELETE
3 NAME	SPIVEY, DAN	
3 STREET ADDRESS	2101 OAKHILL DR	
3 CITY ST ZIP	VALRICO FL	
4 TITLE	D	[X] DELETE
4 NAME	BATES, SANFORD	
4 STREET ADDRESS	2826 TAMMARRON LANE	
4 CITY ST ZIP	BRANDON FL	
5 TITLE		[ ] DELETE
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] DELETE
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY ST ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY ST ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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 attached sheet with an address.

SIGNATURE P. Scott Schumacher 9/27/98 PRESIDENT

CR2EC024 (5/96)