FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F95000001101 (3)

1. Corporation Name

INTEGRITY PLUS CORPORATION

Principal Place of Business	Mailing Address
601 S. LASALLE BLDG 6TH FLOOR. SUITE T-336 CHICAGO IL 60605	601 S. LASALLE BLDG 6TH FLOOR. SUITE T-336 CHICAGO IL 60605

2. Principal Place of Business: 21 Orlando, FL; Suite, Apt. #, etc.: 22 #467; City & State: 23 Orlando, FL; Zip: 24 32822; Country: 25 Orange

2a. Mailing Address: 26 3936 S. Semoran Blvd.; Suite, Apt. #, etc.: 27; City & State: 28; Zip: 29; Country: 30

3. Date Incorporated or Qualified: 03/08/1995
3a. Date of Last Report:
4. FEI Number: 22-3066809 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CT CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND RD~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent

81
82 DORA B. TARVER
83 3936 S. SEMORAN BLVD #467
84 ORLANDO, FL 32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Dora B. Tarver — Signature, typed or printed name of registered agent and title if applicable — DATE 4/15/96

12. OFFICERS AND DIRECTORS

TITLE	CPVC	☐ DELETE
NAME	TARVER, DORA	
STREET ADDRESS	601 S. LASALLE BLDG., 6TH FL., SUITE T-336	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	VSTD	☐ DELETE
NAME	TARVER, DORA	
STREET ADDRESS	601 S. LASALLE BLDG., 6TH FL., SUITE T-336	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Dora Tarver	
1.3 STREET ADDRESS	3936 S. Semoran Blvd. #467	
1.4 CITY-ST-ZIP	Orlando, FL 32822	
2.1 TITLE	VSTD	☒ Change ☐ Addition
2.2 NAME	Dora Tarver	
2.3 STREET ADDRESS	3936 S. Semoran Blvd. #467	
2.4 CITY-ST-ZIP	Orlando, FL 32822	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001819651	☐ Change ☐ Addition
5.2 NAME	-05/14/96--01012--050	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	5/1/96 ce	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Dora B. Tarver [signature] President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/15/96 — Daytime Phone # 407 667-4890

CR2E034 (12/95)

0481812 FP