

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 3836 S. SEMORAN BLVD #487 ORLANDO FL 32822
Mailing Address: 3836 S. SEMORAN BLVD #487 ORLANDO FL 32822-4023

3. Date Incorporated or Qualified: 03/08/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 380 S. State Rd. 434 Suite Apt. #, etc. 1004-283 Altamonte Springs, FL 32714
2a. Mailing Address: 380 S. State Rd. 434 Suite Apt. #, etc. 1004-283 Altamonte Springs, FL 32714

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: TARVER, DOR B 3836 S. SEMORAN BLVD #487 ORLANDO FL 32822

10. Name and Address of New Registered Agent: 81 Name: Dora Tarver 82 Street Address (P.O. Box Number is Not Acceptable): 380 S. State Rd. 434 83 Suite 1004-283 84 City: Altamonte Springs FL 85 Zip Code: 32714

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P* TARVER, DORA	<input type="checkbox"/>
NAME	TARVER, DORA	
STREET ADDRESS	3836 S. SEMORAN BLVD, #487	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VTSD TARVER, DORA	<input type="checkbox"/>
NAME	TARVER, DORA	
STREET ADDRESS	3836 S. SEMORAN BLVD, #487	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	380 S. State Rd. 434		
1.4 CITY-ST-ZIP	Suite 1004-283 Altamonte Springs, FL 32714		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	380 S. STATE RD. 434		
2.4 CITY-ST-ZIP	Suite 1004-283 Altamonte Springs, FL 32714		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	100002112311		
5.4 CITY-ST-ZIP	-03/13/97--01024--009 ***165.00		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____ DATE: 10-31-97 DAYTIME PHONE # _____

CR2E034 (9/96)