

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000001185**

1. Corporation's Name  
**INTEGRITY CREDIT SERVICES INC.**

Principal Place of Business  
**PO BOX 151290  
ALTAMONTE SPRINGS FL 32715**

Mailing Address  
**PO BOX 151290  
ALTAMONTE SPRINGS FL 32715**

APPROVED  
AND  
FILED

99 SEP 27 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0014576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/02/1998**

4. FEI Number

**59-3475583**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**MANDULA, MARK S**  
**496 PALM SPRINGS DR., STE 345**  
**ALTAMONTE SPRINGS FL 32701**  
**St. Peter, FL 33704**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL** 85. Zip Code

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

Signature type (or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME **P** ☐ DELETE

NAME **MANDULA, MARK S**  
STREET ADDRESS **1355 BRIGHTWATERS BLVD.**  
CITY-STATE-ZIP **ST. PETERSBURG FL 33704**

2. NAME ☐ DELETE

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**100003000615014**  
**-10/05/99--01088--016**  
**\*\*\*\*\*550.00 \*\*\*\*\*550.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/13/99** **727**  
**393-8743**

CR2E034 (5/99)