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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13128

(8)

Mailing Address

INTEGRITY REALTY GROUP, INC.

	FIL	ED		
May	19 19	997	8:00a	m
Sec	retar	y of	State	

|--|--|

P.O. BOX 660 ORLANDO FL	938 32968-0938	P.O. BOX 680838 ORLANDO FL 32868-0838	3		
				3. Date Incorporated or Qualified 09/07/1989	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FET Number	Applied For
21 Cuita Ant	# a4a	26		59-2971516	Not Applicable
Suite, Apt 22	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29]	Country 30	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,] Yes - No
	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
	SS, PATRICIA J.		81 Name		
	PARK PLACE TE 314		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	AMONTE SPRINGS FL 32701		83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent.	t to the provisions of Sections 607.09 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Stat te of Florida Such change was gations of, Section 607.0505, I	utes, the above-named cors authorized by the corpora Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	· ,				
	Signature, typed or printed name of registered a		OTE: Registered Agent signature requ		DATE
12. TITLE	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12 Change Addition
NAME	ROSS, PATRICIA J.	_ bettite	1.2 NAME		
STREET ADDRESS	AC 44 145 MIGH BILL C 45 C		1.8 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CHY- \$1 - 7IP		
TITLE	TR	☐ DELETE	2.1 TITLE		Change Addition
NAME	FISCHER, JIM		2.P NAME		
STREET ADDRESS	1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		2.8 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	T SUESE	2. 4 C/TY - ST - ZIP	· <u>.</u>	
TITLE		☐ DELFTE	3.1 TITLE		Change Addition
NAME .			3.2 NAME		
STREET ADDRESS			3 8 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - \$1 - 7IP 4.1 TITLE		Change Addition
NAME		Secret	4. 2 NAME		
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-S1-7iP		
TITLE		☐ DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T NECES	5 4 C/TY - S1 - 7/P		Charter Date
TITLE		DELITE	6.1 101.6		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6 4 C/TY - ST - 7/P		

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 eath; 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.