SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M99017** **(9)**

1. Corporation Name
INTEGRITY ASSESSMENT CORPORATION

Principal Place of Business	Mailing Address
3900 GALT OCEAN DR. SUITE 205 FT. LAUDERDALE FL 33308	3900 GALT OCEAN DR. SUITE 205 FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 07/13/1995

4. FEI Number: 65-0079850 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 3706 N. Ocean Blvd
Suite, Apt. #, etc. 22 3706 N OCEAN Blvd	Suite, Apt. #, etc. 27 #420
City & State 23 Ft. Lauderdale Fl #420	City & State 28 Ft. Lauderdale Fl
Zip 24 33308 Country 25 BROWARD	Zip 29 33308 Country 30 BROWARD

9. Name and Address of Current Registered Agent

MANN, SUNDAY
3900 GALT OCEAN DRIVE
STE. 205
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3706 N. Ocean Blvd #420
83
84 City Ft. Lauderdale FL 85 Zip Code 3330[illegible]

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 [illegible] (NOTE: Registered Agent signature required when filing online) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MANN,SUNDAY R.		1.2 NAME	
STREET ADDRESS	3900 GALT OCEAN DR. #205		1.3 STREET ADDRESS	3706 N OCEAN Blvd #420
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale Fl 33309
TITLE	VPD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRANDSTAFF, MICHELLE		2.2 NAME	
STREET ADDRESS	3900 GALT OCEAN DR. #205		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	MANN, JOHN		3.2 NAME	
STREET ADDRESS	3900 GALT OCEAN DR		3.3 STREET ADDRESS	3706 N Ocean Blvd #420
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale Fl 33308
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN MANN John Mann 6/6/96 (954) 561-3395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT