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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M99017
1. Corporation Name

)17 (9)

INTEGRITY ASSESSMENT CORPORATION

FILED
Apr 28 1997 8:00am
Secretary of State



Principal Place	of Business	Mailing Add	dress					
3706 N OCEAN		3706 N OC						
SUITE 420	1 00.10	SUITE 420				'		
FT. LAUDERDA	LE FL 33308		FT. LAUDERDALE FL 33308-6451					
US		US				3. Date Incorporated or Qualified 09/15/1988	3a. Date of Last 06/14/1996	
	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26	·			65-0079850 Not Applicable		
Suite, Apt	#, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	7	Additional
22			27				Fee	Required
City & State	9	City & S	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	hand in the second seco		Country	• This corporation has requirity for intelligible tax effect at 155,002,				
24	25	29	30	L			yes □ No	
	9. Name and Address of Cur	rent Registered Ag	ent			10. Name and Address of New Re	distered Agent	
	NN, SUNDAY			81	Name	ſ		
l	B N OCEAN BLVD			82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)	
	TE 420							
FT.	LAUDERDALE FL 33308							
				84	City	······································	85 Zi	p Code
					•			
11. Pursuant t	to the previsions of Sections 607.0	0502 and 607.1508,	Florida Statutes, t	the above	-named co	orporation submits this statement for the p	urpose of changing	its registered
office of n	egistered agent, or both, in the St m familiar with, and accept the ob	iate of Florida, Such oligations of, Section	change was auth 607.0505. Florida	orized by a Statutes	the corpo	ration's board of directors. I hereby accept	of the appointment a	as registered
SIGNATURE								
	Signature, typed or punted name of registered	Lagent and title if applicable	(NOTE: Re	gistered Age	nt signature re	quired when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
THLE	PSD		DELETÉ	1.1 TITLE			Change	Addition
NAME	Mann, Sunday R.			1.2 NAME				
STREET ADDRESS	3706 N OCEAN BLVD #420	0	1.3 STREET ADDRESS		ADDRESS			
CHTY-ST-ZIP	ft. Lauderdale fl			1.4 CITY - S	T-ZIP			
TITLE	TD		DELETE	2.1 TITLE			☐ Change	Addition
NAME.	MANN, JOHN			2.2 NAME				
STREET ADORESS	3706 N OCEAN BLVD #420	0		2.3 STREET	ADDRESS	. :		
CITY-ST-7IP	FT LAUDERDALE FL			2.4 CITY-5				
TILE			DELETE	3.1 TITLE	21 - 7.96		Change	Addition
NAME		•		3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - 9				ŀ
TITLE			DELETE	4.1 TITLE	01 - ZH		☐ Change	Addition
NAME		•						- La rigoritati
			1	4. 2 NAME	ABBBEAG			
STREET ADDRESS				4.3 STREET				
CHY-SI-ZiP		·	nc) cre	4.4 CITY-S	r-ZIP		Chann	34435-
TATLE		L	DELETE	5.1 TITLE			Change	a 🔲 Addition
NAME			1	5.2 NAME				
STREET ADDRESS				5.3 STREET	address			
CiTY-ST-7#				5.4 CITY-S	T-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1º1L€		l	DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				'
STREET ADDRESS				6.3 STREET	address			İ
CHY-S1-ZiP				64 CITY-S	T-ZIP			
	and the second of the second	17 1 111 11 11 111						

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:

SIGNATURE AND TYPED OR ERINTED NAME OF BIONING OFFICER OR DIRECTOR

Date Daytime Phone