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



Sandra B. Mortham

COF ANNU	PROFIT RPORATION JAL REPORT 1998	Sandra B. Secretary	FLORIDA DEPARTMENT Sandra B. Morth Secretary of State DIVISION OF CORPORE			Apr 01 1998 8:00am Secretary of State
DOCUMENT # M99017 (9) INTEGRITY ASSESSMENT CORPORATION Principal Place of Business Mailing Address 3706 N OCEAN BLVD 3706 N OCEAN BLVD						
Suite 420 Ft. Lauderd US	ALE FL 33308	SUITE 420 FT. LAUDERDALE FL 33308 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address				09/15/1988 4. FEI Number Applied For
21	(f = A =	26				65-0079850 Not Applicable
Suite, Apt.	#, 6 1C.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes or has paid the current war Intangible
24	25		30			Personal Property Tax due June 30. Yes No
MA	Name and Address of Curren NN, SUNDAY	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
3706 N OCEAN BLVD				20		Ideas (D.O. Day Musches is Net Assessable)
SUITE 420				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33308				83		
				84	City	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statuta	e the a	hove	-named co	procession submits this statement for the purpose of changing its registered.
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorize	d by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	The familiar with and accorpt the conge	(100 di 100 dio 11 do 10 d	100 010	10100.	_	
	Signature, typed or printed name of registered ager			d Ager	nt signature rec	quired when reinstating) DATE
12. TITLE	PSD OFFICERS AND	DELETE	13.	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	MANN, SUNDAY R.		1.2 N			S. S
STREET ADDRESS	OZOG M OCEAN DIVID #400		1.3 \$	TREET A	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 C	ITY-ST	2IP	
TITLE	TD	☐ DELĒTE	2.1 TI			Change Addition
NAME OTOSET ASSESSES	MANN, JOHN 3706 N OCEAN BLVD #420		2.2 N			
STREET ADDRESS CITY-\$1-ZIP	FT LAUDERDALE FL		•	TREET A Sity-51	ADDRESS	9 2.
TITLE		DELETE	3.1 TI		1 - 215	Change Addition
NAME			3.2 N	AME		-
STREET ADDRESS			3.3 S	TREET A	Address	
CITY-ST-ZIP		Dr. fre		ITY-SI	T• ZIP	
THTLE		☐ DELĒTE	4.1 17			L.] Change L.] Addillon
NAME Street address			4. 2 N		AODRESS	
CITY-ST-ZiP				INEET A		
TITLE		DELETE	5.1 Ti			Change Addition
NAME			5.2 N	AME		75
STREET ADDRESS					ADDRESS	il i
CITY-ST-ZIP		☐ DELETE	_	TY-ST	-ZIP	FUUDU247586 Cance Oxdotton
TITLE NAME			6 1 TI 6.2 N			5000024758655inge
STREET ADDRESS			1		ADDRESS	***150.00
			1		1	

14. Thereby 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 of 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 attrichment with an address.

SIGNATURE:

FILED