

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90039 014 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # M99017**

1. Corporation Name  
**INTEGRITY ASSESSMENT CORPORATION**



Principal Place of Business <b>3706 N OCEAN BLVD SUITE 420 FT. LAUDERDALE FL 33308 US</b>	Mailing Address <b>3706 N OCEAN BLVD SUITE 420 FT. LAUDERDALE FL 33308 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 12773 Forest Hill Blvd</b>	2a. Mailing Address <b>26 Same</b>
Suite, Apt. #, etc. <b>22 1216</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Wellington FL</b>	City & State <b>28</b>
Zip <b>24 33414</b>	Country <b>25 USA</b>

3. Date Incorporated or Qualified <b>09/15/1988</b>	Applied For <input type="checkbox"/> No <input type="checkbox"/> Yes
4. FEI Number <b>65-0079850</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**MANN, SUNDAY  
3706 N OCEAN BLVD  
SUITE 420  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name <b>Kurt W. Auwaerter</b>
82 Street Address (P.O. Box: Number is Not Acceptable) <b>12773 Forest Hill Blvd</b>
83 Suite 1216
84 City <b>Wellington</b> <b>FL</b> 85 Zip Code <b>33414</b>

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: **Kurt W. Auwaerter** DATE: **4/23/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PSD</b>	
NAME	<b>MANN, SUNDAY R.</b>	
STREET ADDRESS	<b>3706 N OCEAN BLVD #420</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>TD</b>	
NAME	<b>MANN, JOHN</b>	
STREET ADDRESS	<b>3706 N OCEAN BLVD #420</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>P</b>	
1.2 NAME	<b>Kurt W Auwaerter</b>	
1.3 STREET ADDRESS	<b>12773 Forest Hill Blvd #1216</b>	
1.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>	
2.1 TITLE	<b>VP S/T</b>	
2.2 NAME	<b>Laurie Auwaerter</b>	
2.3 STREET ADDRESS	<b>12773 Forest Hill Blvd #1216</b>	
2.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a letter like empowered.

SIGNATURE: **[Signature]** DATE: **4/23/99** DAYTIME PHONE #: **561 7807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)