F CORI	PROFIT PORATION		5	RTMENT B. Morth	OF ST am						
	1996	Secret DIVISION OF	ary of Sta CORPOF		IS						
DOCUMENT # <b>P9300042495 (0)</b>							-				
1. Corporation		F93000	042495 (0	ソ							
INTEGR	RITY YACHI	CORPORATION								<b></b>	!
Principal Place of Business			Mailing Address								l
7507 S. TAMIAMI TRAIL Suite 201		7507 S. TAMIAMI TRAIL Suite 201								1	
SARASOTA F	FL 34231		SARASOTA FL 34231				3. Date Incorporated or Qualified	3a. Date of I		1	
2. Principal Pla	ice of Business		2a. Mailing Address		<u> </u>		06/14/1993 4. FEI Number	05/0	1/1995	lied For	
21			26 7350 S. T.L	MISI	MIT	TR -	65-1418666		Not	Applicable	
Suite, Apt. #	, etc.		Suite Apt. #, etc. 27 SUITE ZO	,			5. Certificate of Status Desired	□ \$	8.75 Ad Fee Req		
City & State			City & State	E1			6. Election Campaign Financing		\$5.00 M	· ·	
<b>23</b> Zip		Country	28 SARASOTA Zip		ountry		Trust Fund Contribution 8. This corporation has liability for		Added to der s 199		
24	25	Address of Current R	29 34231	30	T		Florida Statutes Yes		nl		
	9. Hame and		egiatered Agent		81	Name		iogistotot Ago			
ANDERSON, KENT J ESQ. 8075 S. BENEVA RD.					82	Street Addre	ss (P.O. Box Number is Not Acceptat	vle)			
SUITE 6					83						
SARASO	DTA FL 34238				84	City	······································	8	5 Žip Co	xde	
11. Pursuant to	o the provisions	of Sections 607.0502 and	d 607.1508, Florida Statut	es, the ab	iove-nai	med corpora	tion submits this statement for the pu	FL °	ng its regis	tered office	
or registere familiar with	ed agent, or bott h, and accept th	h, in the State of Florida. In obligations of, Section i	Such change was authoriz 607.0505, Florida Statutes	ed by the	corpor	ation's board	I of directors. I hereby accept the app	ointment as regi	stered age	ent. Lam	
SIGNATURE	Signature, typed or prie	ted name of registered agent and	tite if applicable (NC	TE: Ragislere	ed Agent s	gnature required	when reinstating)	DATE			<u>م</u>
12. TITLE	D	OFFICERS AND D		13.	TITLE	T	ADDITIONS/CHANGES TO OFF	ICERS AND DIF		IN 12 Addition	12/9
NAME	SWARTZ, CARTER J II				1.2 NAME					-	(12/95)
STREET ADDRESS	5550 SWEETWATER OAK DR. SARASOTA FL 34232					ADDRESS - ZIP					И И И И И И И И
CITY-ST-ZIP TITLE	D		DELETE			<u>2)r</u>	Change [		nange [	Addition	ö
NAME STREET ADDRESS	SWARTZ, CARTER J 1525 PELICAN POINT DR., #H		ł-104		2 2 NAME 2 3 STREET ADDRESS						
CITY - ST - ZIP	SARASOT				CITY-ST-						
TITLE				DELETE 3 1					hange [	] Addition	
NAME STREET ADDRESS					STREET A	DDRESS					
CITY-ST-ZIP					CITY - ST - TITLE	ZIP			hange <b>F</b>	Addition	
TITLE NAME					NAME			L.) V	ingo L		
STREET ADDRESS					STREET AC						
CITY-ST-ZIP TITLE			DELETE		CITY-ST- TITLE	ZIP			hange [	Addition	
NAME					NAME						
STREET ADDRESS CITY - ST - ZIP					STREET AC City-St-1						
TITLE	· · · ·	DELETE 6		6 1	1 TITLE			0	hange [	Addition	
NAME STREET ADDRESS					NAME STREET AE	ORESS					
CITY - ST - ZIP				64	CITY-ST-	ZIP		07/07/1	0		
certify that	the information	indicated on this annual r	report or supplemental ann	ual report	t is true	and accurate	r the exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, Fl	same legal effer	o <b>t a</b> s if ma	de under	
	Block 12 or Blo	ck 13 if changed, or on a	an attachment with an add	ess.							
SIGNAT	URE:	INT- A HA.	INTED NAME OF SIGNING OFFICE		Sw/	1252	4/25/96	941-6: Daytine	37-66; Phone #	34	