FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

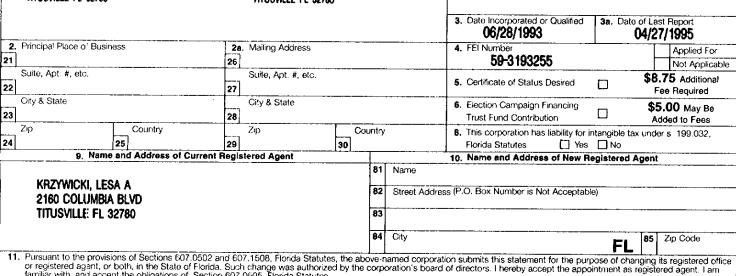
1996

1. Corporation Name	P93000046870 (U)
PLUS INTEGRITY,	INC.

Principa! Place of Business 2160 COLUMBIA BLVD TITUSVILLE FL 32780

Mailing Address

2160 COLUMBIA BLVD TITUSVILLE FL 32780



SIGNATURE						
	Signature, typod or printed name of registered agent and title if applicable	(NC	OTE: Registered Agent signature require	···	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	RS IN 12
TITLE		DELETE	1. 1 TITLE		☐ Change	☐ Addition
NAME [KRZYWICKI, LESA A		1.2 NAME			
STREET ADDRESS	2160 COLUMBIA BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP			
TITLE		DELETE	2 1 TITLE		☐ Change	Addition
NAME	Krzywicki, terry l		22 NAME			
STREET ADDRESS	2160 COLUMBIA BLVD		23 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780		24 CITY-ST-ZIP			
TITLE		DELETE	3. 1 TITLE		☐ Change	☐ Addition
NAME.			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 City - St - ZiP			
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			52 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS			ŀ
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
THILE		DELETE	6. 1 TITLE		Change	Addition
NAME			6.2 NAME		_ ,	
STREET ADDRESS			6.3 STREET ADDRESS			
CHTY-ST-ZIP			6.4 CITY-ST-ZIP			

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). Fiorida 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

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Terry L. Krzywicki

4/18/96

(407) 269-3366