

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059395 (1)

1. Corporation Name

INTEGRITY ATTRACTIONS INC.

Principal Place of Business

5784 DONNELLY CIRCLE
ORLANDO FL 32821-7662

Mailing Address

5784 DONNELLY CIRCLE
ORLANDO FL 32821-7662

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number
59-3258341

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1550 VASSAR ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 1550 VASSAR ST.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

Zip

24 32804

Country

25 USA

City & State

28 ORLANDO, FL

Zip

29 32804

Country

30 USA

9. Name and Address of Current Registered Agent

LENZ, MATTHEW A
5784 DONNELLY CIRCLE
ORLANDO FL 32839-3116

10. Name and Address of New Registered Agent

81 Name

LENZ, MATTHEW A

82 Street Address (P.O. Box Number is Not Acceptable)

1000 GREENS AVE.

83

84 City

ORLANDO

FL

85 Zip Code

32804

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MATTHEW A. LENZ
STREET ADDRESS 5784 DONNELLY CIRCLE
CITY-ST-ZIP ORLANDO FL 32821-7662

☐ DELETE

TITLE T
NAME LENZ, JEAN
STREET ADDRESS 5784 DONNELLY CIRCLE
CITY-ST-ZIP ORLANDO FL 32821-7662

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MATTHEW A. LENZ
1.3 STREET ADDRESS 1000 GREENS AVE.
1.4 CITY-ST-ZIP ORLANDO FL 32804

☒ Change ☐ Addition

2.1 TITLE SEC. 4/TRES.
2.2 NAME JEAN A. LENZ
2.3 STREET ADDRESS 1000 GREENS AVE.
2.4 CITY-ST-ZIP ORLANDO, FL 32804

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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

7.1.98 407 231 06 2

CR2E034 (5/98)