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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Moitham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000054341 (9)

INTEGRITY USA, INC.

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

Block 12 or Block 13 if changed, or o

CITY-ST-ZIP

Principal Place of Business 1413 S HOWARD AVE #203 TAMPA FL 33606		Mailing Address	Mailing Address			a i fiditidat sid baidt ditti datte datte datte datte Etaga sirt, acan trat can-			
		1413 S HOWARD AVE #203 TAMPA FL 33606				DO NOT WRITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			
						07/13/1995			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	<u> </u>	oplied For	
21		26				59-3320905		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	* • • • •	Additional	
22		27						equired	
City & State	9	City & State				6. Election Campaign Financing		Мау Ве	
23		28				Trust Fund Contribution		to Fees	
Žip	Country Zip		Country			B. This corporation owes or has paid the o	Ann / -	_ *	
24	25 29		30			Personal Property Tax due June 30. Yes No			
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d ≰gent		
SPI	ECHT, DWIGHT M			81	Name				
4622 BROWNING AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
TAMPA FL 33629				Щ					
				83					
				84	City		85 Zip	Code	
					•	F	LIT		
11. Pursuant office or ragent. La	egistered agent, to both, in the Stat m familiar with, and accept the obli	of Florida. Such change was jations of Section 607.0505, F	authorize Iorida Stat	d by tutes	the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing ill ppointment as	ts registered registered	
		NOTECTORS (NC	111 . Registere	d Age	nt signature require	od when reinstating) BA/E ADDITIONS/CHANGES TO OFFICERS A	NO DECTOS	20 IN 12	
12.		DELETE	1.1 (1	T) C		ADDITIONS/CHAINGES TO OFFICERS A	Change	Addition	
TITLE	D CONTROL TO	E) DECEME					Ondrigo		
NAME	or correction in			1.2 NAME					
STREET ADDRESS 4622 BROWNING AVENUE				1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33629	[] at the		ITY-S	I - ZIP			I Laday-	
TITLE	D	☐ DELETE	2.1 10				Change	☐ Addition	
NAME	COONEY, HUBER O		2.2 N	AME					
STREET ADDRESS	TO TO OTHER OF WILLOW OF HIS		2.3 \$	2.3 STREET ADDRESS					
CITY-ST-ZIP	413000 1110			2. 4 CITY-ST-ZIP			170	1 1 4 4 4 5 5	
TITLE			3.1 TI	TLE			Change	Addition	
NAME	3.		3.2 N	3.2 NAME					
STREET ADDRESS	3.		3.3 S	3.3 STREET ADDRESS					
CITY - ST - ZIP			3.4 C	3.4 CITY - ST - ZIP			F-4		
TITLE	DELETE 4		4.1 TI	4.1 TITLE			Change	Addition	
NAME			4. 2 N	AME	İ				
STREET ADDRESS			4.3 S	TREE 1	ADDRESS				

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

FILED May 19 1998 8:00am Secretary of State



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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or on an attachment with an address.

1100

☐ Change

Change

Addition

Addition