

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **P95000057537 (9)**

1. Corporation Name
INTEGRITY HOUSE, INC.



Principal Place of Business 1415 109TH AVE TAMPA FL 33612 US	Mailing Address 1415 E 109TH AVE TAMPA FL 33612-5946 US
--	---

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3324203	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TERRANA, MICHAEL J 215 VERNE STREET SUITE A TAMPA FL 33608	10. Name and Address of New Registered Agent 81 Name PAUL RAIMONDI 82 Street Address (P.O. Box Number is Not Acceptable) 1415 E. 109TH AVENUE 83 84 City TAMPA FL 85 Zip Code 33612
--	---

11. Pursuant to the provisions of Sections 607.01002 and 607.1509, 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 *Paul Raimondi* **PAUL RAIMONDI** DATE **1/15/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUNDY, OTTO S.		1.2 NAME	
STREET ADDRESS E 97TH AVE		1.3 STREET ADDRESS 1308 E. POMSETTA AVE,	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP TAMPA, FL 33612	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAIMONDI, PAUL R		2.2 NAME	
STREET ADDRESS 1508 E. 97TH AVENUE		2.3 STREET ADDRESS 1415 E. 109TH AVENUE	
CITY-ST-ZIP TAMPA FL 33612		2.4 CITY-ST-ZIP TAMPA, FL 33612	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUNDY, PATRICIA		3.2 NAME PATRICIA BUNDY	
STREET ADDRESS 4218 18TH AVE WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Paul Raimondi* **PAUL R. RAIMONDI** DATE **1/15/97** (813) 975-0800
Signature typed or printed name of signing officer or director

CR2E034 (9/96)