

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90027 016 ***150.00

DOCUMENT # P96000033010

1. Corporation Name

INTEGRITY AUTOWORKS, INC.



Principal Place of Business

7153 SOUTHERN BLVD
BOX J
WEST PALM BEACH FL 33413

Mailing Address

7153 SOUTHERN BLVD
BOX J
WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1996

4. FEI Number

65-0661417

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NEITA, ANDREW
143 ALCAZAR ST
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 **P** ☐ DELETE
NAME **NEITA, ANDREW**
STREET ADDRESS **143 ALCAZAR ST**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **VP** ☐ DELETE
NAME **PROCE, CALVIN**
STREET ADDRESS **340 W 23RD STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** ☐ DELETE
NAME **TOMLINSON, DESMOND**
STREET ADDRESS **3060 SW SUNSET TRACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **CALVIN PRICE**
1.3 STREET ADDRESS **340 W 23RD STREET**
1.4 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **ANDREW NEITA**
2.3 STREET ADDRESS **143 ALCAZAR ST**
2.4 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

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

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

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

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

7/20/99

561 684 1870

CR2E034 (5/99)

0077559

P96000033010
59679-90027-16

7-10-99

INTEGRITY AUTOWORKS INC

7153 Southern Blvd

Box J.

WEST PALM BEACH FL 33413

DIVISION OF CORPORATIONS

ANNUAL REPORTS FILINGS

P.O. Box 1500

TALLAHASSEE FL 32302-150

TO WHOM IT MAY CONCERN

Dear Sir/Madam

We are in receipt of the 2nd notice to our Corporation Annual Report and the required fee of \$550.00. We did not receive the original Filing Packet and thus was not able to file on time. We have enclosed a check for \$150.00, hoping that you will grant us pardon for the untimeliness of our filing and assure you that this will not happen again in the future.

Thanking you in advance for your patience and understanding.

Andrew Keita