

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

FILED  
Mar 25 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 # P96000096236 (0)

1. Corporation Name  
INTEGRITY INSURANCE, INC.

Principal Place of Business  
701 NORTH PARSONS AVENUE, SUITE D  
BRANDON FL 33510

Mailing Address  
701 NORTH PARSONS AVENUE, SUITE D  
BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 2219 WHITNEY PL  
Suite, Apt. #, etc.  
22  
City & State  
23 VALRICO, FL  
Zip  
24 33594  
Country  
25 USA

2a. Mailing Address  
26 2219 WHITNEY PL  
Suite, Apt. #, etc.  
27  
City & State  
28 VALRICO, FL  
Zip  
29 33594  
Country  
30 USA

3. Date Incorporated or Qualified  
01/01/1997

4. FEI Number  
59-3416369

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
BRUCE GOREN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2219 WHITNEY PLACE  
83  
84 City  
VALRICO  
FL  
85 Zip Code  
33594

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 *Bruce M. Goren* BRUCE M. GOREN, PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/19/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PTD	GREEN, BRUCE M	701 NORTH PARSONS AVENUE, SUITE D	BRANDON FL 33510	<input type="checkbox"/>
VSD	GOREN, MARCIA K	701 NORTH PARSONS AVENUE, SUITE D	BRANDON FL 33510	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PTD	GOREN, BRUCE M.	2219 WHITNEY PL	VALRICO, FL 33594	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		2219 WHITNEY PL	VALRICO, FL 33594	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Bruce M. Goren* BRUCE M. GOREN, PRESIDENT 3/19/98 815-684-3067

CR2E034 (10/97)