

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000018999 (7)**
1. Corporation Name
INTEGRITY INVESTIGATIONS AND SECURITY, INC.



Principal Place of Business 6905 SW 85TH PLACE OCALA FL 33447-6	Mailing Address 6905 SW 85TH PLACE OCALA FL 33447-6
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 507 SW 10TH ST Suite, Apt. #, etc. 22 2 City & State 23 OCALA FL Zip 24 34474		2a. Mailing Address 26 P.O. Box 770086 Suite, Apt. #, etc. 27 City & State 28 OCALA FL Zip 29 34477-0086		3. Date Incorporated or Qualified 02/24/1997	
Country 25 US		Country 30 US		4. FEI Number 65-0749295 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent JUARISTIC, GEORGE 6905 SW 85TH PLACE OCALA FL 33447-6				10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 507 SW 10TH ST 83 SUITE 2 84 City OCALA FL 85 Zip Code 34474			
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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 *George Juaristic* **GEORGE JUARISTIC** **1-31-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUARISTIC, GEORGE			1.2 NAME	JUARISTIC, GEORGE		
STREET ADDRESS	6905 SW 85TH PLACE			1.3 STREET ADDRESS	P.O. Box 770086		
CITY-ST-ZIP	OCALA FL 33447-6			1.4 CITY-ST-ZIP	OCALA FL 34477-0086 "N/A"		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORRENTINO, DOLORES			2.2 NAME			
STREET ADDRESS	22 HICKORY TRACK			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34472			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUARISTIC, ANGELA			3.2 NAME	JUARISTIC, ANGELA		
STREET ADDRESS	6905 SW 85TH PLACE			3.3 STREET ADDRESS	P.O. Box 770086		
CITY-ST-ZIP	OCALA FL 33447-6			3.4 CITY-ST-ZIP	OCALA FL 34477-0086 "N/A"		
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 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: *George Juaristic* **GEORGE JUARISTIC** **1-31-98**

CR2E034 (10/97)