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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000091044 (2)

INTEGRITY INTERIORS, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						+ (ADIVEA) (IA 1811) (1881) ABIV ABIV BANIN BANIN TAKAN 1881) ABIT BEST ABI
2750 NW 1	12 AVENUE	2750 NW 112 AVENUE				
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/23/1997
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number Applied For
21		26				65-079-28/2 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
	VEH R ENBERG, MARGARET			81	Name	
2750 NW 112 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
(CORAL SPRINGS FL 33065				·····	
				63		
			i	84	City	85 Zip Code
						FL;
11, Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statut if Horida, Such change was	tes, the a authorize	bove-r d by ti	named co	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Llorida. 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 regulated agent			d Agent	signature rec	quired whon reinstating) DATE
12. TITLE	OFFICERS AND	DELETE	13. 1.1 II	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME		- pretit	1.2 N		1	MARGACET WENCENBERG
				ame Ireet ac	ـ ا	7750 NWIIA AUTHUE
STREET ADDRESS			1		ه ا	LORAL SPRINGS, PL. 33065
CITY-ST-ZIP TITLE		DELETE	2.1 10	TY-ST.	100	V
NAME		La Partit	2.2 N		الله ا	
STREET ADDRESS				TREET AL	ODRESS /	KAREN LA SURE OS S. CORTEZ BRIVE, CIRCLEN
CITY-ST-ZIP			2.4 CI		1 /2	MARGATE, FL. 33068
TITLE		☐ DELÉTE	3.1 (1)			☐ Change ☐ Addition
NAME			3.2 N/			
STREET ADDRESS				IREET AC	DRESS	1
CITY-ST-ZIP				:TY-\$1-	- 1	
TITLE		☐ DELETE	4.1 10		- :'	Change Addition
NAME			4. 2 N			
STREET ADDRESS				REET AD	DDRESS	ļ
CITY-ST-ZIP			1	TY-ST-	1	1
TITLE		☐ DEL e te	5.1 (☐ Change ☐ Addition
NAME			5.2 N/		[
STREET ADDRESS				RÉET AO	DRESS	
CITY-ST-ZIP				TY-ST-	i	
TITLE		DELETE	6.1 1			☐ Change ☐ Addition
NAME			6.2 N/	AME		. –
STREET ADDRESS				REET AD	ODRESS	
CITY-ST-ZIP			1	TY-\$1-		
		···	_			

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 suppliemental 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.