

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90240 020 ***150.00

DOCUMENT # P99000051287
1. Entity Name
INTEGRITY AUTO EXCHANGE, INC.

Principal Place of Business	Mailing Address
1270 BELLE AVE.. #102 WINTER SPRINGS FL 32708	1270 BELLE AVE.. #102 WINTER SPRINGS FL 32708

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3578549	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLAKON, ROBERT
1270 BELLE AVE., #102
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 78-02 Robert M. Aiken DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible][illegible]

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Robert Plakins 7-8-02 (407) 718-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CB2E034 (4/02)

Attachment

pp9000051287

7-8-02 120182

Please accept my Apologies for not sending this back
on time. Honestly, This is the first notice I recieved.

Either I accidentally threw it away or I never got
it in the mail. I have enclosed \$150 to pay the
original fee AND am asking to have the \$400 penalty
taken off

Thank you Very much!

Bob Plaker