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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90088 020 ***150.00

 Corporation 	MENT # S35043 TEGRITY, INC.							
Principal Place	of Business	Mailing Address				-		5 D41 W1611 E E1
3848 JASMINE LANE 3848 JASMINE LANE								
CORAL SPRGS FL 33065 SUITE 130							2105	
บร		CORAL SPRGS FL 33065 US				DO NOT WRITE IN THIS SI	PACE	
	· · ·				_	3. Date Incorporated or Qualifed 03/01/1991		
_	ace of Business	2a. Mailing Address				4. FEI Number 65-0246209	_ } _ `	oplied For ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.						Additional
22	+, etc.	27				5. Certifcate of Status Desired	•	equired
City & State	, 	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intan		-e
24 *	25	29 30	<u> </u>			Torschaf Froporty Tax:	⊒·Yes	<u>⊡</u> No
	g. Name and Address of Current	Registered Agent	-	81	Name	10. Name and Address of New Registered Ag	jent	_
KUTCHERA, NEIL J					Name			
5301 NO FEDERAL HWY				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
STE 130				83				
BOCA RATON FL 33487								
			1	84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	ove-	named corp	oration submits this statement for the purpose of ch	anging its	registered
l office or re	egistered agent, or both, in the State on In familiar with, and accept the obligation	M Florida. Such chande was auto	onzea i	DV IF	he corporation	on's board of directors. I hereby accept the appointr	nent as re	edisteren
SIGNATURE	nul 9 knot	Neil J.	1/	•	chere	4/13/	99	Ì
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re				d when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	ORS IN 12 Addition
TITLE	P	☐ DELETE	1.1 TITL				Change	
NAME	KUTCHERA, NEIL J.		1.2 NAV					Ţ
STREET ADDRESS	3848 JASMINE LANE				ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			Y-ST	-ZIP		☐ Change	Addition
TITLE			2.1 TITL 2.2 NAW					_
NAME			l		ADDRESS			1
STREET ADDRESS			2.4 CIT					l
CITY-ST-ZIP TITLE	DELETE			3.1 TITLE			Change	Addition
NAME		_	3.2 NAM					
STREET ADDRESS			3.3 STR	REETA	ADORESS			
CITY-ST-ZIP			3.4. ÇIT	Y-ST-	-ZIP			
TITLE .				4.1 TITLE			Change	Addition
NAME			4. 2 NAJ	ME				
STREET ADDRESS			4.3 STR	REETA	ADDRESS			{
CITY-ST-ZIP_	·		4.4 CITY	Y-ST-	- ZIP			
TITLE		☐ DELETE	5.1 TITL				☐ Change	☐ Addition
NAME			5.2 NAM		1			
STREET ADDRESS					ADDRESS			\
CITY-ST-ZIP			5.4 CIT	Y-ST-	-ZIP			Į.

CITY-ST-ZIP 17 (50-14. 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS HAR JOSE FOR STREET

TITLE

NAME

IRE RENEILBUIDKotchera

☐ DELETE

954-255-6600

Addition