

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90138 045 ***150.00

DOCUMENT # V01410

1. Corporation Name

INSIGHT WITH INTEGRITY, INC.

Principal Place of Business

4377 SUGARPINE DRIVE
BOCA RATON FL 33487

Mailing Address

4377 SUGARPINE DRIVE
BOCA RATON FL 33487

Change of Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1991

4. FEI Number

65-0303559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

NORMANDY, MICHAEL L.
4377 SUGARPINE DRIVE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Micahel L. Normandy

82 Street Address (P.O. Box Number is Not Acceptable)

4793 So. Citation Dr., Apt. #103

83

84 City

Delray Bch.,

FL

85 Zip Code

33445

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 *Michael Normandy*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NORMANDY, MICHAEL L.
STREET ADDRESS 4377 SUGARPINE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME NORMANDY, MICHAEL
STREET ADDRESS 4377 SUGARPINE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME NORMANDY, EVELYN
STREET ADDRESS 4377 SUGARPINE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

Normandy, Michael L.
4793 S. Citation Dr., Apt. #103
Delray Bch., Fl. 33445

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Normandy, Michael
4793 S. Citation Dr., Apt. #103
Delray Bch., Fl. 33445

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

Normandy, Evelyn
4793 S. Citation Dr.
Delray Beach, Fl. 33445

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: *Michael Normandy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 561-638-8008

CR2E034 (11/98)

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