FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

V62775

(4)

INTEGRITY INVESTMENTS, INC Principal Piace of Business 1800 SECOND ST. SUITE 757	Mailing Address 1800 SECOND ST. STE. 757			
SARASOTA FL 34236 US	SARASOTA FL 34236 US		3. Date Incorporated or Qualified 09/08/1992	3a. Date of Last Report 02/21/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0360278	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Z/p Country 24 25	71p 29	Country 30	This corporation has liability for in Florida Statutes Yes Yes	itangible tax under s. 199.032,
9. Name and Address of Cu	rrent Registered Agent	81 Name) -	10. Name and Address of New Re	gistered Agent
JOY, DANIEL 1800 SECOND STREET 850 FIRST FLORIDA BANK PLAZA SARASOTSA FL 34236		Jai	mes A. Granoski ess (P.O. Box Number is Not Acceptable The Office Park Stickney Point Rea	# 85 Zio Code
11. Pursuant to the provisions of Sections 607.C or registered agent, or both, in the State of familiar with and accept the obligations of SIGNATURE	r lorida. Such change was authorized Section 607.050F, Florida Statutes.	the above-named corporation by the corporation's board	d of directors. I hereby accept the appoi	PL 3423)
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
D	DELETE S DR	1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STRELL ADDRESS G19-S1-249	☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - SI - ZIP		☐ Change ☐ Addition
TOTAL NAME STREET ADDRESS CITY-S1-ZIP	☐ DELEIE	3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - S1 - 2IP		Change Addition
THEF NAME SPRECLADORESS CHY STIZE	∰ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
MILE NAME STREET ADDRESS CITY-ST-201	☐ DELF1E	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6 1 TITUE 6 2 NAME 6 3 STREET ADDRESS 6 4 CHY - ST - ZIP		☐ Change ☐ Addition
14. I do hereby certify that the information supplicentify that the information indicated or this cath; that I am an officer or directory the cappears in Block 12 or Block 13 or angothers. SIGNATURE:	ied with this filing is voluntarily furnish agnual report of a ipplemental annual poration or the eceiver of trustee a or on ar attachment within address and with the name of signing officer	I report is true and accurate mpowered to execute this is. RICHARO	or the exemption stated in Section 119.0 e and that my signature shall have the streport as required by Chapter 607, Flor	7(3)(k), Florida Statutes. I further ame legal effect as if made under ida Statutes; and that my name 96. 941 952044)