


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

0303916

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V68890</b> 1. Corporation Name <b>INTEGRITY CARPETS, INC.</b>			
Principal Place of Business <b>12291 NORTHWEST 20TH COURT PLANTATION FL 33313</b>		Mailing Address <b>12291 NORTHWEST 20TH COURT PLANTATION FL 33313</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>SCHAFER, BRIAN K. 12291 NW 20TH CT. PLANTATION FL 33323</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SCHAFER, BRIAN K.		
STREET ADDRESS	12291 NW 20 CT.		
CITY-ST-ZIP	PLANTATION FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	SCHAFER, KAREN L.		
STREET ADDRESS	12291 NW 20 CT.		
CITY-ST-ZIP	PLANTATION FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	OWNES, MERLE		
STREET ADDRESS	5392NW 106 DR.		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	33323		
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	33323		
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	V.P.		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	33076		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



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:

*Brian K. Schaffer, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99  
Date

954-581-8881  
Daytime Phone #

CR2E034 (11/98)