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

DOCUMENT # **P95000054338**1. Corporation Name

INTERNATIONAL MARKET RESEARCH AND STRATEGIC PLAN NING, INC.

| Principal Place of Business | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| 496 S COUNTRY CLUB DR | | | | | | |
| | | | | | | |

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90078 006 ***150.00



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|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|-------------------------------------------------------|--------------------------|--|--|
| 496 S COUNTRY CLUB DR ATLANTIS FI. 33462 | | 496 COUNTRY CLUB DR ATLANTIS FL 33462 | | | 202405 | | |
| US | | US | | DO NOT WRITE IN THIS | SPACE | | |
| , | | | | Date Ir corporated or Qualifed | | | |
| | | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | 2a. Mailing Address | | 4. FEI Number | App ied For | | |
| 21 26 | | 26 | | 65-0 595725 | Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Acditional | | | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | | |
| City & State | | City & State | | 6. Electior Campaign Financing | \$5.00 Nay Be | | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year in | tannible | | |
| 24 | 25 | <u> </u> | 30 | Personal Property Tax. | ☐Yes []No | | |
| | 9. Name and Address of Curren | | 30, | 10. Name and Address of New Registered | | | |
| | | | | | | | |
| FIFD | or, Barbara s | | FI | EDOR, BARBARA S. | | | |
| | VALLEY FORGE ROAD | Addross (PT) Roy Vumber is Not Acceptable) | 0 | | | | |
| | T PALM BEACH FL 33405 | | 470 | 5. COUNTRY CLUB D | <u>k.</u> | | |
| WES | I PALMI DEAUTI FL 33403 | | 83 | | | | |
| | | | 84 City | | 95 Zin Code | | |
| | | | ATL | ANTIS FL | 85 Zip Code 33462 | | |
| 11. Pursuan: | to the provisions of Sections 607.0502 | 2 and 607,1508, Florida Statute | s, the above-named | corporation submits this statement for the purpose of | changing its re jistered | | |
| office or re | 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. If hereby accept the appointment as registered | | | | | | |
| agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutés. | | | | | | | |
| SIGNATURE | | AIOTE. | D | equired when reinstating) DATE | | | |
| 12. | Signature, typed or printed name of registered agen CFFICERS AN | | Registered Agent signature in 13, | ADDITIONS/CHANGES TO OFFICERS A | ID DIDECTORS IN 12 | | |
| , | P | DELETE | 1.1 TITLE | SPORE | Change Addition | | |
| THLE | • | [] OCCUTE | _ | SAME | Shange | | |
| NAME | FIEDOR, BARBARA S | | 1.2 NAME | SPINE CAUNTRY COUR DE | ١>. | | |
| STREET ADDRESS | 385 VALLEY FORGE RD | | 1 3 STREET ADDRESS | 476 S. COUNTRY CLUB DI | /- · | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 14 CITY-ST-ZIP | ATLANTIS FL 33462 | | | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | ATLANTIS, FL 33462 SIAME SAME 496 9. (OUNTRY CLUB D | MacChange ☐ Addition | | |
| NAME | FIEDOR, BARBARA S | | 2.2 NAME | SAME CALLEDY CALLED | .e. | | |
| STREET ADDRESS | 385 VALLEY FORGE RD | | 23 STREET ADDRESS | 496 3, (DUNIKY CLOSE) | , - • | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 2, 4 CITY-ST-ZIP | ATLANTIS FL 33462 | | | |
| TITLE | TEOT TALIF BETOTTE | ☐ DELETE | 3,1 TITLE | 77 C 117-12 3 | Change Addition | | |
| | | | 3.2 NAME | | | | |
| NAME | | | i | | | | |
| STREET ADDRESS | | | 3,3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | []Change [] Addition | | |
| TITLE | | DELETE | 4.1 TITLE | | Change [] Addition | | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change [] Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| 1 | | | 5.4 CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | · | DELETE | 6.1 TITLE | | Change [] Addition | | |
| TITLE | | □ nere ie | | | □ oliginde □ Livodinou | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | Ì | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sc ction 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.

CR2E034 (11/98)