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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90058 022 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000070713**

1. Corporation Name
INVISIBLE CONSULTANT ADVERTISING, INC.



Principal Place of Business Mailing Address
8383 BOCA GLADES BOULEVARD EAST BOCA RATON FL 33434-4025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
08/13/1998
 4. FEI Number Applied For
05-0856644 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 81 Name **Carolyn J. Rippy**
 82 Street Address (P.O. Box Number is Not Acceptable) **8383 Boca Glades Blvd. East**
 83
 84 City **Boca Raton** FL 85 Zip Code **33434**

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 *Carolyn J. Rippy* **Carolyn J. Rippy, President** *Carolyn Rippy 1/7/99*
Signature, typed or printed name of registered agent and title if applicable. (If SE registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	RIPPY, CAROLYN J
STREET ADDRESS	8383 BOCA GLADES BOULEVARD EAST
CITY-ST-ZIP	BOCA RATON FL 33434-4025
TITLE	VP of Technology <input type="checkbox"/> DELETE
NAME	Ian Stopps
STREET ADDRESS	565 Jefferson Dr, Suite 113
CITY-ST-ZIP	Deer Field Beach FL 33442
TITLE	VP of Sales & Marketing <input type="checkbox"/> DELETE
NAME	Franklin Langer
STREET ADDRESS	8383 Boca Glades Blvd E.
CITY-ST-ZIP	Boca Raton FL 33434
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Carolyn Rippy* **1/7/99** **561-487-3566**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **888-801-8816**

CR2E034 (11/98)