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PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 68

680059

(3)

INNER MIND POWER INC.

Principa'	Place of	Business
		2.0 ,000

1. Corporation Name

Mailing Address

6825 ALLEGRE B CT BOCA RATON FL 33433 6825 ALLEGRE B CT BOCA RATON FL 33433



3. Date Incorporated or Qualified 3a. Date of Last Report

						07/28/1980	0	1/24/199	95
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				NOT APPLICABLE			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
2		27		···		C. Sommand of States Bearing	Ц	Fee I	Required
City & State	9	City & State				6. Election Campaign Financing		\$5.0	May Be
		28				Trust Fund Contribution			d to Fees
- Z ₍ ρ [Country	Zip	Cou	intry		8. This corporation has liability for i	~	x under s	199.032,
1	25 9. Name and Address of Curre	29	30			· · · · · · · · · · · · · · · · · · ·	□No		
	g, Hame and Address of Ourie	ii negisteleo Ageilt		81	Name	10. Name and Address of New R	egistereo .	Agent	
EDIEDM	IAN DODEDT I POO				Hairio				
FRIEDMAN, ROBERT J., ESQ. 2101 E. HALLANDALE BEACH BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
				83					
HALLAN	NDALE, FL EFL 33009			63					
				84	City			85 Zip	o Code
							<u> </u>		
or register	red agent, or both, in the State of Flori	z and 607, 1506, Florida Stati ida. Such chande was autho:	utes, the abo rized by the o	ve-n	amed corpora oration's board	ntion submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	anging its r	egistered offic
familiar wit	th, and accept the obligations of, Sec	tion 607.0505, Florida Statut	es.	-0,61		To an octors. Thoroby decept the appe	on itt riont as	rogistorou	agont. ram
GNATURE _									
· · · ·	Signature, typical or priorest name of registered as in			Agent	signature required		DATE		
2. 		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
	DP CHENO EAVE	☐ DELETE	1 1 T				Ĺ	Change	Addition
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H: ELAUDEESS	6825 ALLEGRE COURT				ADDRESS				
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	FRIEDMAN, ROBERT J.		22 N						
					ADDRESS				
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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.

SIGNATURE:

SIGN FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/16/94 402 4875873