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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name F9400006036 (7)

IHMC CORP.

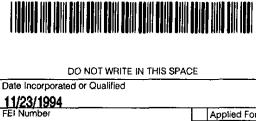
Principal Place of Business

Mailing Address

P.O. BOX 630846

P.O. BOX 630846

FILED Feb 20 1998 8:00am Secretary of State



MIAMI PL 33163		MIAMIE	MIRMI FL 33103				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							11/23/1994			Ì	
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address				4. FEI Number		Applied Fo	r	
21		26	26				58-1909542		Not Applica	able	
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi				
City & State	θ	City	& State				6. Election Campaign Financing	\$5.0	00 May Be		
23		28					Trust Fund Contribution		ed to Fees		
Zip	Coun	try Zip	Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25	29		30			Personal Property Tax due June 30. Yes No				
	g. Name and Add	ess of Current Registered	Agent		T		10. Name and Address of New Registered	gent		\dashv	
CT	CORPORATION SY	STEM			61	Name					
	O SOUTH PINE ISL	AND ROAD		Ī		Street A	Address (P.O. Box Number is Not Acceptable)				
PLA	INTATION FL 33324			ŀ	83					\dashv	
				Ĺ							
~					84	City	FL	85 Z	ip Code		
11. Pursuant to office or reagent. La	to the provisions of Se egistered agent, or bo m familiar with, and ac	ctions 607.0502 and 607.150 th, in the State of Florida. Su- cept the obligations of, Sect	08, Florida Statute ch change was a ion 607.0505, Flo	es, the ab authorized orida State	ove by des	named the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changin cintment	g its register as registere	red id	
SIGNATURE									·. ,	_	
		The of registered agent and title if applic			Ager	nt signature	required when reinstating) DATE	DIDECT	000 111 40		
TITLE	PD	OFFICERS AND DIRECTORS	DELETE	13.	E		ADDITIONS/CHANGES TO OFFICERS AND	Chang		ition	
NAME	GREER, GARY P		_ occent	1.2 NAI		Į		C. Onling	,		
STREET ADDRESS	1050 W. MOCKIN	CRIDO I AND			-	ADDRESS					
CITY-ST-ZIP	DALLAS TX	ODINU LANE		1.4 CIT							
TITLE	DALLAS IA		DELETE	2.1 TITI		·ZIF		Chang	ne Addi	ition	
NAME	STEVENS, R. BRE	:NT		2.2 NA		1					
STREET ADDRESS	P.O. BOX 146, RO					ADDRESS					
CITY-ST-ZIP	TORTOLA, B.V.I.	J. 10101111		2. 4 CI						- 1	
TITLE			DELETE	3.1 TITI				Chang	e Addi	ition	
NAME	3			3.2 NAI	ME	}				ł	
STREET ADDRESS				3.3 STF	REET A	ADDRESS					
CITY-ST-ZIP				3.4. CH	[Y-S]	r-21P					
TITLE		<u>_</u>	DELETE	4.1 TITI	LE			Chang	je 🗌 Addi	ition	
NAME				4. 2 NA	ME]				}	
STREET ADDRESS				4.3 STF	REET #	ADDRESS)	
CITY-ST-ZIP				4.4 CIT	Y-ST	- ZIP					
TITLE			DELETE	5.1 TITE	LE			Chang	e Addi	itien	
NAME				5.2 NA	ME	ļ			1911	ay	
STREET ADDRESS				5.3 STR	REET A	ADDRESS		./	2301	("	
CITY-ST-ZIP				5.4 CIT	Y-5T	-ZIP	<u> </u>		<u>2</u> \'_	[
TITLE			DELETE	6.1 TfT)	LE			Chang	je 🗌 Addi	ition	

NAME

STREET ADDRESS

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 emprewered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapters or on an attachment with an address.