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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003629 (1)

INTERNATIONAL MEDIA TECHNOLOGIES, INC.

1900 SUMMIT TOWER BLVD 860 ORLANDO FL 32810 US		1900 SUMMIT TOWER BLVD 860 ORLANDO FL 32810-5925 US				3. Date Incorporated or Qualified 07/27/1995		a. Date of Last Report 04/26/1996		
2. Principal P	Jace of Business	2a. Mailing Address				4. FEI Number	1 01/4		pplied For	
21			26			59-3312427			lot Applicable	
Suite, Apt	#. etc	Suite, Apt. #, etc.				SR 75 Additional				
22		27				b. Certificate of Status Desired LJ Fee Required				
City & State	·	City & State	28			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees				
7 _{(P}	Country 25	Ζiρ 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🔀 Yes 🔲 No				
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered A	gent		
	IONEBURG, ESTHER-MARIA		61	Na Na	me					
) Summit Tower BLVD. ANDO FL 32810		82 Street Addre			s (P.O. Box Number is Not Acceptable	e)			
- One	ANDO TE GEOTO		83							
			84	Cit	у		FL	85 Zip	Code	
office or r agent. La SIGNATURE	egistered agent, or both, in the St in familiar with, and accept the ob-		_			n's board of directors. I hereby acceptions when reinstating)	t the appo	ointment as	registered	
12.	OFFICERS.	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TULF	PTDC	DELETE	1.1 TITLE	TLE				Change	Addition	
NAME	SCHONEBURG, ESTHER		1.2 NAME							
STREET ADDRESS	1900 SUMMIT TOWER BLVI)., #86 0	1.3 STREE	T ADDRI	ESS					
City St ZIP	ORLANDO FL		1.4 CITY-	ST-ZIP						
THLE	\$	☐ DELETE	2.1 TITLE .					Change	Addition	
NAME	DUGGAN, ROBERT		2.2 NAME							
STREET ADDRESS	56 PIGEON HILL RD.		2.3 STREE	T ADDRI	SS					
Clin-21-Mb	WESTON MA 02193	PELETE	2. 4 CITY	·ST · ZIP				[] o	T Carre	
TUEL		☐ DELETE	31 TITLE					Change	Addition	
NAME			32 NAME							
STREET ADDRESS	''		3 3 STREE		ESS					
CHY-SI-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE	ST-ZIP			··········	Change	Addition	
NAME		and precit	4. 2 NAMI					- Criticido	. 100.11011	
STREET ADDRESS			4.3 STREE	-	- CC					
GRY ST-ZIP			4.3 STREE							
TILLE		DELETE	5.1 TITLE					Change	Addition	
NAM:		-	5.2 NAME						-	
STREET ACCRESS			5.3 STREE		ess					
CHTY - \$1 - ZIP			5.4 CITY-							
HILF		DELETE	61 THILE		··-			Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADORI	ESS					
PiTV . 01 . 7(0	l .		E A CITY	CT 71D						

14. I do 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 his annual report in 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 affects of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 o

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

617 5730218

FILED

Apr 10 1997 8:00am

Secretary of State