

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90019 036 ***150.00

DOCUMENT # F96000006287

1. Corporation Name

INTEGRATED MARKETING PROFESSIONALS, INC.

Principal Place of Business

888 E. LAS OLAS BLVD., STE. 700
FT. LAUDERDALE FL 33301

Mailing Address

888 E. LAS OLAS BLVD., STE. 700
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

38-3148312

Applied For

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 700 S. Federal Hwy
Suite, Apt. #, etc.

22 #200

23 City & State

Boca Raton, FL

24 Zip 33432

Country

25 USA

2a. Mailing Address

26 700 S. Federal Hwy
Suite, Apt. #, etc.

27 #200

28 City & State

Boca Raton, FL

29 Zip 33432

Country

30 USA

9. Name and Address of Current Registered Agent

FORHAN, WILLIAM
888 E. LAS OLAS BLVD., STE. 700
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME FORHAN, WILLIAM G
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE DST ☐ DELETE

NAME MULDOWNNEY, JAMES
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME LEWIN, DEREK
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME YORK, STEVE
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME SCHAD, TIMOTHY
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD ☒ Change ☐ Addition

1.2 NAME Forhan, William G.
1.3 STREET ADDRESS 700 S. Federal Hwy #200
1.4 CITY-ST-ZIP Boca Raton, FL 33432

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME MULDOWNNEY, JAMES
2.3 STREET ADDRESS 700 S. Federal Hwy #200
2.4 CITY-ST-ZIP Boca Raton, FL 33432

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Lewin, Derek
3.3 STREET ADDRESS 700 S. Federal Hwy #200
3.4 CITY-ST-ZIP Boca Raton, FL 33432

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME York, Steve
4.3 STREET ADDRESS 700 S. Federal Hwy #200
4.4 CITY-ST-ZIP Boca Raton, FL 33432

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME SCHAD, TIMOTHY
5.3 STREET ADDRESS 700 S. Federal Hwy #200
5.4 CITY-ST-ZIP Boca Raton, FL 33432

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0279884