

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

FILED
Apr 06 1998 8:00 am
Secretary of State

DOCUMENT # F97000001136 (7)

1. Corporation Name

INNOVATIVE MIM TECHNOLOGIES, INC.



Principal Place of Business

PO BOX 33050
LAKELAND FL 33811

Mailing Address

PO BOX 33050
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number 59-3440945

Applied For

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PHILLIPS, KOLA
STREET ADDRESS 5300 OLD TAMPA HIGHWAY
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BOYD, STUART D
STREET ADDRESS 5300 OLD TAMPA HIGHWAY
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME SCHAUFFERT, ARTHUR R JR
STREET ADDRESS 5300 OLD TAMPA HIGHWAY
CITY-ST-ZIP LAKELAND FL 33811 ☒ DELETE

3.1 TITLE Treasurer
3.2 NAME Robert Saltarelli
3.3 STREET ADDRESS 5300 Old Tampa Hwy.
3.4 CITY-ST-ZIP Lakeland, FL 33811 ☐ Change ☒ Addition

TITLE D
NAME BREED, JOHNNIE C
STREET ADDRESS 5300 OLD TAMPA HIGHWAY
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SPERANZELLA, CHARELS J
STREET ADDRESS 5300 OLD TAMPA HIGHWAY
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE Assistant Secretary
6.2 NAME Lianne Guptill
6.3 STREET ADDRESS 5300 Old Tampa Hwy
6.4 CITY-ST-ZIP Lakeland, FL 33811 ☐ Change ☒ Addition

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.

SIGNATURE:

Lianne Guptill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0412554

CR2E034 (10/97)