

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08266 (9)

1. Corporation Name

THE INNOVATIVE MANAGEMENT GROUP, INC.



Principal Place of Business

12661 NEW BRITTANY BLVD.
WORLD PLAZA
FORT MYERS FL 33907

Mailing Address

12661 NEW BRITTANY BLVD.
WORLD PLAZA
FORT MYERS FL 33907

3. Date Incorporated or Qualified

06/15/1984

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2231500

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENKE, CAROL J
C/O INNOVATIVE MGT. GROUP
11595 KELLY ROAD
FT. MYERS FL 33908

81 Name

STILPHEM, PETER A

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

12661 NEW BRITTANY BLVD

83

84 City

FT MYERS

FL

85 Zip Code

33907

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

Peter A Stilphen PETER A STILPHEM

2/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P TROWBRIDGE, KEITH W
11595 KELLY RD.
FT. MYERS FL

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
ST GILLESPIE, SUSAN
11595 KELLY RD.
FT. MYERS FL

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
P/T STILPHEM, PETER
12661 NEW BRITTANY BLVD
FT MYERS FL 33907

1.4 CITY-STATE-ZIP ☒ Change ☐ Addition

2.1 TITLE
VP/IS
HENKE, PETER
12661 NEW BRITTANY BLVD
FT MYERS, FL 33907

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Peter A Stilphen PETER A STILPHEM 2/26/96 941-939-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)