

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H40717** (1)

1. Corporation Name

I & M MARKETING, INC.

Principal Place of Business

6400 N ANDREWS AVE
PARK PLAZA STE 200
FT. LAUDERDALE FL 33309
US

Mailing Address

6400 N ANDREWS AVE
PARK PLAZA STE 200
FT. LAUDERDALE FL 33309
US

APPROVED
AND
FILED

95 JUN 14 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001515741
-06/16/95--01083--016
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/31/1985		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2496065		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		☐	
24		29		8. This corporation has liability for intangible tax under S 199.032, Florida Statutes		☐ Yes ☒ No	
Country		Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLER, RALPH P.
5929 N OCEAN BLVD
OCEAN RIDGE FL 33435

81 Name **Richard C. Booth**
82 Street Address (P.O. Box Number is Not Acceptable)
1502 Proctor Street
83
84 City **Tallahassee** FL 85 Zip Code **32303**

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 name of agent, if applicable)

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	MULLER, RALPH	1.2 NAME	
STREET ADDRESS	5929 N OCEAN BLVD	1.3 STREET ADDRESS	6400 N. Andrews Ave #200
CITY - ST - ZIP	OCEAN RIDGE FL	1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309
TITLE	VS	2.1 TITLE	☒ Change ☐ Addition
NAME	MULLER, ALICE	2.2 NAME	
STREET ADDRESS	5929 N OCEAN BLVD	2.3 STREET ADDRESS	6400 N. Andrews Ave #200
CITY - ST - ZIP	OCEAN RIDGE FL	2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-95 # 305-351-8500