SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K56821** **(7)**

1. Corporation Name

INTEGRATED MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~969 SUNRIDGE DR.~~ ~~SARASOTA FL 34234~~	252 SARASOTA QUAY SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1989	3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-2934448	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2390 Bradenton Rd	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA FL	28 City & State
24 Zip: 34236 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

STORM, THOMAS L
252 SARASOTA QUAY
SARASOTA FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STORM, THOMAS L	1.2 NAME	
STREET ADDRESS	2390 BRADENTON RD. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	☒ Change ☐ Addition
NAME	SPENCER, SUSAN	2.2 NAME	Resigned All Positions
STREET ADDRESS	969 SUNRIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARSAOTA FL	2.4 CITY-ST-ZIP	
TITLE	SP	3.1 TITLE	☐ Change ☐ Addition
NAME	KELCHNER, NANCY J.	3.2 NAME	
STREET ADDRESS	5404 BALSAM AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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	

CR2E034 (3/95)

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)(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: Tom Storm Tom STORM 7/15/95 (941)953-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010810 CP