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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:07

DOCUMENT # **L71351** **(5)**

1. Corporation Name
INNOVATIVE MARKETING TECHNOLOGIES INCORPORATED

Principal Place of Business	Mailing Address
910 SW 12TH AVE. UNIT B POMPANO BCH. FL 33069 US	P O BOX 6296 PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1990	3a. Date of Last Report: 07/05/1994
2. Principal Place of Business 21: 7760 NW 12 AVENUE	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: POMPANO BEACH, FL	City & State 28:
Zip 24: 33069 Country 25: BROWARD	Zip 29: Country 30:
4. FEI Number: 65-0211203	☐ 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

BUDOWSKI, WALTER
8550 NW 23RD ST
PEMBROKE PINES FL 33084

10. Name and Address of New Registered Agent

81 Name: BUDOWSKI, KATHLEEN O
82 Street Address (P.O. Box Number is Not Acceptable): 7760 S W 12 AVENUE
83:
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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: Kathleen O Budowski KATHLEEN O BUDOWSKI 5/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☐ Change ☐ Addition
NAME	BUDOWSKI, WALTER	12 NAME		
STREET ADDRESS	8550 NORTHWEST 23RD ST.	13 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☑ Change ☐ Addition
NAME	~~BUDOWSKI~~, KATHLEEN O.	22 NAME	BUDOWSKI	
STREET ADDRESS	8550 NW 23RD ST.	23 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	OLSEN, HARRY J.	32 NAME		
STREET ADDRESS	3910 NW 6TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Kathleen O Budowski. 5/19/95 (305) 733-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN O BUDOWSKI

0439489 FP