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PROFIT CORPORATION ANN JAL REPORT

1999



FLORIDA DEPARTMENT OF STATE .

## Katherine Harris

Secretar / of State

DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90139 013 \*\*\*158.75

## **DOCUMENT #**

Principal Place of Business

1. Corporation Name

INNOVATIVE MARKETING TECHNOLOGIES INCORPORATATED

Mailing Address

750 S W 12 AVENUE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069  2. Principal Place of Business 750 S W 12 AVENUE 2. Principal Place of Business 750 S W 12 AVENUE 2. Suite. Apr. #. etc. 2. Suite. Apr. #. etc. 2. Suite. Apr. #. etc. 2. City & State 2. POMPANO BEACH FL 2. BROWARD 2. POMPANO BEACH FL 2. BROWARD 3. Brie cor oration owes the current year intengible Personal Property Tax.  2. Country 3. And divises of Current Registered Agent 3. Brie cor oration owes the current year intengible Personal Property Tax.  3. Bris cor oration owes the current year intengible Personal Property Tax.  3. Bris cor oration owes the current year intengible Personal Property Tax.  3. Bris cor oration owes the current year intengible Personal Property Tax.  3. Bris cor oration owes the current year intengible Personal Property Tax.  3. Bris cor oration owes the current year intengible Personal Property Tax.  3. Bris cor oration owes the current year intending Trust Fund Contribution  4. FEI Number is Not Acceptable Personal Property Tax.  3. Bris cor oration owes the current year intending Trust Fund Contribution  4. FEI Number is Not Acceptable Personal Property Tax.  3. Bris cor oration submits this statement for the purpose of changing its rejurition or registered agent, or bot in the State of Fiorids. Such change was anthoraced by the corporation's board of di ectors. I hereby accept the appointment as regist agent, i. an familiar with an acceptable personal Property Tax.  3. And Trust Fund Contribution  4. FEI Number is Not Acceptable  4. FEI Number is Not Acceptable  5. Ceurity  5. Ceurity  6. Election Campaign F
Suifle, Apt. #, etc.    Suifle, Apt. #, etc.
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POMPANO BEACH FL  Zip Zip Zip Zip Zis BROWARD Zis Literative Description owes the current year irrangible Personal Property Tax.
23 33069 25 BROWARD 29 33069 30 BROWARD Personal Property Tax.   ves X1  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  BUDOWSKI, KATHLEEN O. 580 PINE HOLLOW LANE WEST PALM BEACH FL 33413  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sec tions 607.0502 and 607.1508, Florida Statutes.  SIGNATURE SI
BUDOWSKI, KATHLEEN O. 580 PINE HOLLOW LANE WEST PALM BEACH FL 33413  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutis, the above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both in the State of Florida. Such change was anthorized by the corporation's board of directors. I hereby accept the apprintment as registered agent, or both in the State of Florida. Such change was anthorized by the corporation's board of directors. I hereby accept the apprintment as registered agent, and this if applicable (NOTE Registered Agent signature required by when remistating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17.E. BUDOWSKI, WALTER 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 13. STREET ADDRESS 14. CITY-ST-ZIP 14. CITY-ST-ZIP 15. TITLE 15. STREET ADDRESS
BUDOWSKI, KATHLEEN O. 580 PINE HOLLOW LANE WEST PALM BEACH FL 33413  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutirs, the above-named cor poration submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was anthorized by the corporation's board of directors. I hereby accept the apprintment as registed agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:  SIGNATURE:  12.
### Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box Number is Not Acceptable)  ### City
11. Pursuant to the provisions of Set tions 607.0502 and 607.1508, Florida Statuties, the above-named cor poration submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Florida. Such change was anthorized by the corporat on's board of directors. I hereby accept the appcintment as registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  BUDOWSKI, WALTER  S80 PINE HOLLOW LANE  S80 PINE HOLLOW LANE  S80 PINE HOLLOW LANE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  NAME  STREET ADDRESS  BUDOWSKI, KATHLEEN O.  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  S80 PINE HOLLOW LANE  2.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  WEST PALM BEACH FL 3341/3 DELETE  31 TITLE  Change  Change  Change
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NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 indicate i 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 unlier 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, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 Date 954 7 83-8 413 /

CR2E034 (11/98)