

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

L71351 (5)

**DOCUMENT #**

1. Corporation Name  
**INNOVATIVE MARKETING TECHNOLOGIES INCORPORATED**

Principal Place of Business Mailing Address  
**750 S W 12 AVENUE** **750 S W 12 AVENUE**  
**POMPANO BEACH FL 33069** **POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/07/1990**

2. Principal Place of Business 2a. Mailing Address  
**750 S W 12 AVENUE** **750 S W 12 AVENUE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
**POMPANO BEACH FL** **POMPANO BEACH FL**  
Zip Country Zip Country  
**33069** **BROWARD** **33069** **BROWARD**

4. FEI Number Applied For  
**65-0211203** 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**BUDOWSKI, KATHLEEN O.**  
**580 PINE HOLLOW LANE**  
**WEST PALM BEACH FL 33413**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

**10. Name and Address of New Registered Agent**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **PCD** ☐ DELETE  
NAME **BUDOWSKI, WALTER**  
STREET ADDRESS **580 PINE HOLLOW LANE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **BUDOWSKI, KATHLEEN O.**  
CITY-ST-ZIP **580 PINE HOLLOW LANE**

TITLE ☐ DELETE  
NAME **WEST PALM BEACH FL 33413**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

**SIGNATURE:** *Kathleen Budowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99** **954 783-8421**  
Date Daytime Phone #

CR2E034 (11/98)