


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 JUN -2 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company INTERNATIONAL MARKET DEVELOPMENT GROUP, LLC 9111 SOUTHMONT COVE #406 FORT MYERS FL 33908 | | DOCUMENT # L98000001615 | | 1a. Principal Place of Business Address 9111 SOUTHMONT COVE #406 FORT MYERS FL 33908-6298 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 08/27/1998 3a. State of Formation FL 4. FEI Number 65-0859727 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent AMEY LAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134 CRAIG R. FOLK | | 8. Name and Address of New Registered Agent/Office Name Miller Helms & Folk PA Street Address (P.O. Box Number is Not Acceptable) 6326 WHISKY CREEK PARKWAY Suite, Apt. #, etc. SUITE A City FT MYERS Zip Code FL 33919 | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Craig R. Folk DATE 5/24/99 | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | ANTONIC, IRENE R | 9111 SOUTHMONT COVE #406 | | FORT MYERS FL | |
| MGR | ANTONIC, JAMES P | 9111 SOUTHMONT COVE #406 | | FORT MYERS FL | |
| MGR | ANTONIC, GLENN P | 9111 SOUTHMONT COVE #406 | | FORT MYERS FL | |
| 11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: JAMES P. ANTONIC 4/28/99 941 590 9050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MANAGER | | | | | |