

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M71674

1. Corporation Name

INNOVATIVE MARKETING IDEAS OF FLORIDA, INC.

Principal Place of Business

712 ARGYLE PLACE
P.O. BOX 290331
TEMPLE TERRACE FL 33687

Mailing Address

712 ARGYLE PLACE
P.O. BOX 290331
TEMPLE TERRACE FL 33687

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90253 018 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1988

4. FEI Number

59-2935452

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8448 N. 56TH STREET

Suite, Apt. #, etc.

22

City & State

23 TEMPLE TERRACE FL.

Zip

24 33617

Country

25 HILLS.

2a. Mailing Address

26 8448 N. 56TH STREET

Suite, Apt. #, etc.

27

City & State

28 TEMPLE TERRACE FL.

Zip

29 33617

Country

30 HILLS.

9. Name and Address of Current Registered Agent

CIACCIO, GASPAR

~~712 ARGYLE PLACE~~

TEMPLE TERRACE FL 33617

8448 NORTH 56TH STR

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

James A. Ciccio

1.5.99

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 STD ☐ DELETE

NAME CIACCIO, GASPAR

STREET ADDRESS 8448 N 56TH ST

CITY-ST-ZIP TEMPLE TERRACE FL

TITLE PD ☐ DELETE

NAME CIACCIO, JAMES G

STREET ADDRESS 8448 N. 56TH ST.

CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ DELETE

NAME

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

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:

James A. Ciccio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.5.99

Date

Daytime Phone #

CR2E034 (11/98)