**FILE NOW: FILING FEE IS \$61.25** 

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N97000006168 (5) DOCUMENT #

INTERNATIONAL PLASTIC MODELERS SOCIETY/FLORIDA.

INC. Principal Place of Business Mailing Address 830 S. HARBOR CITY BLVD., SUITE 505 930 S. HARBOR CITY BLVD., SUITE 505 3. Date Incorporated or Qualified MELBOURNE FL 32901 MELBOURNE FL 32901 <u> 10/16/1997</u> 4. FEI Number Applied For 59-3472768 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FRESE, GARY B **B2** Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD., SUITE 505 83 **MELBOURNE FL 32901** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ Change Addition TITLE 1.1 TITLE 1.2 NAME NAME **GUTIERREZ, ROLANDO** STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505 1.3 STREET ADDRESS MELBOURNE FL 32901 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WEAVER, CARL F 2.2 NAME NAME 930 S. HARBOR CITY BLVD., SUITE 505 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KATNIK, GREGORY NAME 3.2 NAME STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505 3.3 STREET ADDRESS MELBOURNE FL 32901 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME WARTHLING, MARK 4. 2 NAME STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505 4.3 STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME TAYLOR, BYRON STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505 5.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME **GUTIERREZ, JACK K** 6.2 NAME Gutierrez, Jack 6.3 STREET ADDRESS STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505 930 S. Harbor City Blvd., Suite 505

1 MELDUHNE FL 32901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 truslee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Katnik 26 February 1998 (407) 861-3644

**FILED** 

Mar 17 1998 8:00am

Secretary of State