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Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000028299 (4)

1. Corporation Name

ILM INTERNATIONAL INC.



Principal Place of Business

30617 U.S. 19 NORTH  
#700  
PALM HARBOR FL 34684

Mailing Address

30617 U.S. 19 NORTH  
P.O. BOX 68  
SAFETY HARBOR FL 34695-0068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

2. Principal Place of Business

21 2519 McMULLEN BOOTH RD

Suite, Apt. #, etc.

22 SUITE 510-274

City & State

23 CLEARWATER FL

Zip

24 33761

Country

25 PINELLAS

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

4. FEI Number

59-3180234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G  
400 INDIAN ROCKS RD.  
SUITE C  
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

81 Name

HERSEM, THOMAS G.

82 Street Address (P.O. Box Number is Not Acceptable)

1421 COURT ST

83

SUITE B

84 City

CLEARWATER

FL

85 Zip Code

34616

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 DPST ☐ DELETE

NAME WHITE, JOANNE

STREET ADDRESS 30617 U.S. 19 NORTH, #700

CITY-ST-ZIP PALM HARBOR FL 34684

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

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

2519 McMULLEN BOOTH RD., SUITE 510-274

CLEARWATER, FL 33761

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 recipient of 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 in an attachment with an address.

SIGNATURE:

JOANNE WHITE PRES

APR 10 1998

813-785-2113

CR2E034 (10/97)