SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000045684 (6)**

1. Corporation Name
INNOVATIVE IMPRINT CONCEPT, INC.

Principal Place of Business	Mailing Address
2302 HERMITAGE BLVD. VENICE FL 34292	2302 HERMITAGE BLVD. VENICE FL 34292

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/28/1993**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) SARASOTA
Zip (29) Country (30) SARASOTA

4. FEI Number: **65-0422187** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~COX, LLOYD~~
~~1101 S. TAMIAMI TRAIL~~
~~SUITE 215~~
~~VENICE FL 34285~~

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 2302 HERMITAGE BLVD.
93
94 City: FL 95 Zip Code: 34292

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: Marilyn Cox MARILYN Cox Lloyd Cox 7-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	VICE PRES. MKTG.	☑ Change ☐ Addition
NAME	COX, LLOYD	12 NAME		
STREET ADDRESS	~~1101 S. TAMIAMI TRAIL, SUITE 215~~	13 STREET ADDRESS	2302 HERMITAGE BLVD,	
CITY-ST-ZIP	VENICE FL 34285	14 CITY-ST-ZIP	34292	
TITLE	S	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	COX, MARILYN	22 NAME		
STREET ADDRESS	~~1101 S. TAMIAMI TRAIL, SUITE 215~~	23 STREET ADDRESS	2302 HERMITAGE BLVD	
CITY-ST-ZIP	~~VENICE FL 34285~~	24 CITY-ST-ZIP	34292	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E094 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marilyn Cox MARILYN Cox 7-28-95 484-5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111769 CP