PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000002758

1. Corporation Name

INTERNATIONAL MARKETING CERVICES INC

## Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90001 019 \*\*\*150.00

INTERNATIONAL MARKETING SERVICES, INC.					
Principal Place	of Business	Mailing Address			
		2346 SUCCESS DRIVE			
2346 SUCCESS DRIVE ODESSA FL 33556 ODESSA FL 33556 ODESSA FL 33556					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	•			01/04/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26 1302 Pennsylv	ANIN AV	59-3223089 - Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired   \$8.75 Additional	
22	<u> </u>	27		ree Required	
City & State	e ·	City & State	- E1	6. Election Campaign Financing \$5.00 May Be	
23		28 PAIM HALPO		Trust Fund Contribution Added to Fees	
Zip	Country	Zip 7.4683	Country	8. This corporation owes the current year intangible Personal Property Tax.	
24	25	29 7 7 130		Personal Property Tax. Yes XNO  10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
DALI	E E REICHED		I Name		
	DALE F. BELCHER		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2346 SUCCESS DRIVE ODESSA FL 33556			83	renpsylvania Ave	
ODE	33A FE 33300		83	•	
	-		84 City	85 Zip Code	
			PAII	m HAYbor FL 34683	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t of Florida, Such change was autho	the above-fiamed con prized by the corporat	rporation submits this statement for the purpose of changing its registered tion'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	I. 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.  IGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   Change   DAddition   DATE   Database   DAddition   DATE   DADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.					
TITLE		☐ DELETE		·	
NAME .	BELCHER, DALE F.		1.2 NAME	1202- Pennsylvania AVE	
STREET ADDRESS	2346 SUCCESS DRIVE		1.3 STREET ADDRESS	1302 Pennsylvania AVE Obim Harbor, Fl 34683	
CITY-ST-ZIP	ODESSA FL 33556			OBJWI FIBTON, PT 3980)	
TITLE	D	· DELETE	2.1 TITLE	Change Addition	
NAME	WINZKOWSKI,MICHAEL		2.2 NAME		
STREET ADDRESS	2346 SUCCESS DRIVE -	• •	2.3 STREET ADDRESS	· · · ·	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP		
TITLE	DST	☐ <b>D</b> ELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	MARVIN, JAMES C		3.2 NAME		
STREET ADDRESS	2346 SUCCESS DRIVE		3.3 STREET ADDRESS	·	
CITY-ST-ZIP	ODESSA FL 33556		3.4. CITY-ST-ZIP		
TITLE	.•	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	`	1	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		
TITLE .*		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ANDRESS	•		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS