**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061649 (7)**

1. Corporation Name
**INTERACTIVE MEDIA SOLUTIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 840 BEACH DRIVE NE<br>ST. PETERSBURG FL | 840 BEACH DRIVE NE<br>ST. PETERSBURG FL |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 405 CENTRAL AVE.
Suite, Apt. #, etc.
22: SUITE 202
City & State
23: ST. PETERSBURG, FL
Zip 24: 33701 Country 25: USA

2a. Mailing Address
26: 405 CENTRAL AVE.
Suite, Apt. #, etc.
27: SUITE 202
City & State
28: ST. PETERSBURG, FL
Zip 29: 33701 Country 30: USA

4. FEI Number: 59-3258256 ☐ 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

FINEFROCK, ROGER W
840 BEACH DRIVE NE
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

81 Name: FINEFROCK, ROGER W.
82 Street Address (P.O. Box Number is Not Acceptable): 405 CENTRAL AVE.
83: SUITE 202
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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: Roger W. Finefrock ROGER W. FINEFROCK, PRESIDENT 3-20-95
(Signature, title or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D ☒ Change ☐ Addition |
| NAME | WASSERMAN, JESSE E | 12 NAME | WAGGERMANN, JESSE E |
| STREET ADDRESS | 24 HILLSIDE COURT | 13 STREET ADDRESS | 476 23RD. AVE. N. #4 |
| CITY ST ZIP | PALM HARBOR FL 34683 | 14 CITY ST ZIP | ST. PETERSBURG, FL 33704 |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FINEFROCK, ROGER W | 22 NAME | |
| STREET ADDRESS | 1146 17TH AVENUE NORTH | 23 STREET ADDRESS | |
| CITY ST ZIP | ST. PETERSBURG FL 33704 | 24 CITY ST ZIP | |
| 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 | |

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:** ROGER W. FINEFROCK Roger W. Finefrock 3-20-95 (813) 822-0622
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

0445142 FP