FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000065888 (7)

INNOVATIVE ADVERTISING, INC.

Principal Place of Business

Mailing Address

FILED May 04 1998 8:00am Secretary of State



6950 CENTRAL AVE. SUITE 140	6950 CENTRAL AVE. SUITE 140			
ST. PETERSBURG FL 33707			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			08/31/1994	
├	2a. Mailing Address		4, FEI Number	Applied For
	6 6515 1st A	hie.S	<u>59-3262877</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	1	5. Certificate of Status Desired	\$8.75 Additional
	7 St. Valery	5001 4 - 1		Fee Required
City & State	City & State	٦,	6. Election Campaign Financing	\$5.00 May Be
	8 SI Palers	purc 31	Trust Fund Contribution	Added to Fees
Zip Country		Direllas	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	· - · I
24 3 70 25 Vine (c) 2	9 33707 30	A' VE LIED	Personal Property Tax due June 30.	
	giotorea rigent	81 Name	10, 1141110 2114 1144 115	V
WILDANING, CUINSTANCE M				
6950 Ce ntral ave. Suit e 14 0		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
· · · · · · · · · · · · · · · · · · ·		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ST. PETERSBURG FL 33707				
		84 City	Perhasshuss FL	85 Zip Code 3 3 3 7 0 7
11. Pursuant to the provisions of Sections 607.0502 an	d 607.1508. Florida Statutes, th	he above-named corpo	oration submits this statement for the nursess of o	panging its registered
office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation	lorida. Such change was autho	orized by the corporation	on's board of directors. I hereby accept the appoir	ntment as registered
agent, I am raminal with, and accept the obligation	soi, section 607.0303, Pionda	Va	2/11/	60
SIGNATURE Signature, typicd or pointed name of engistered agont and	Little if applicable (NO1E Reg	istered Agent signature require	ed when reinstating) DA(E	7.5
12. OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE CEO	☐ DELET E	1.1 TITLE		Change
NAME LINO, ALFRED L JR		1.2 NAME		
STREET ADDRESS 6266 1ST AVE S #19		1.3 STREET ADDRESS		
CITY-ST-ZIP ST PETERSBURG FL 33707		1.4 CITY-ST-ZIP		
TITLE P	☐ DELETE	2.1 TITLE	L	Change Addition
NAME WILBANKS, CONSTANCE M		2.2 NAME		
STREET ADDRESS 6515 1ST AVE S		2.3 STREET ADDRESS		
CITY-ST-ZIP ST PETERSBURG FL		2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	3 1 TITLE	L	Change Addition
NAME		3.2 NAME		
STREET ADORESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		1.05
TITLE	1	4.1 THTLE	L.	Change Addition
NAME		4. 2 NAME		1
STREET ADDRESS		4.3 STREET ADDRESS		
CITY+ST-ZIP	····	4.4 CITY - ST - ZIP		Change Addition
TITLE		51 TITLE	<u> </u>	T cuantile [] Addition
NAME		5 2 NAME		
STREET ADDRESS -		5 3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-S1-ZIP 61 TITLE		Change Addition
	_	ŀ	_	_ Change Nation
NAME (62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information supplied with the		64 CITY-ST-ZIP e exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further certi	fy that the information

indicated on this annual report or supplemental annual report is frue 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.

2/4/00