

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000006685 (8)**

1. Corporation Name

INTERACTIVE MINDSETS, INC.

Principal Place of Business

**3106 WATERSIDE LN
ALEXANDRIA VA 22309
US**

Mailing Address

**3106 WATERSIDE LN
ALEXANDRIA VA 22309
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1995

4. FEI Number

59-3290104

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

2. Principal Place of Business

21 4505 E. ENROSE ST.

Suite, Apt. #, etc.

22 City & State

23 MESA, ARIZONA

24 85205

25 USA

2a. Mailing Address

26 P.O. BOX 30460

Suite, Apt. #, etc.

27 City & State

28 MESA, ARIZONA

29 85275

30 USA

9. Name and Address of Current Registered Agent

**COHRS, DENIS A
1505 N FLORIDA AVE
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	D/P	<input checked="" type="checkbox"/> DELETE
NAME	DISCH, KATHLEEN C	
STREET ADDRESS	3106 WATERSIDE LN	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	D/S	<input type="checkbox"/> DELETE
NAME	KENNEDY, TERESA M	
STREET ADDRESS	4505 EAST ENROSE	
CITY-ST-ZIP	MESA AZ	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, TERRENCE E	
STREET ADDRESS	4505 EAST ENROSE	
CITY-ST-ZIP	MESA AZ	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	MESA, ARIZONA 85205	

3.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	MESA, ARIZONA 85205	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Teresa M. Kennedy* **TERESA M. KENNEDY 4/28/98 602 981 0868**

CR2E034 (10/97)