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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT	#	P95000019984	(0)

INNOVISION MARKETING GROUP, INC.

Principal Place of Business 411 E. JACKSON STREET SUITE 283 ORLANDO FL 32901 Mailing Address

411 E. JACKSON STREET SUITE 205

ORLANDO FL 32801-2855

FILED

Apr 28 1997 8:00am Secretary of State

duplication of original #

		•				03/09/1995	08/	01/1996	
	Place of Business	2a. Mailing Address	}			4. FEI Number	1229		oplied For
21		26				50 8502021			ot Applicable
Suite, Apt	#, etc. #100	Suite, Apt. #, etc	ာ			5. Certificate of Status Desired		+ - · · · · ·	Additional equired
City & Stal	te .	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for	intangible	tax under s	199.032.
24	25	29	30			· · · · · · · · · · · · · · · · · · ·	Yes [_	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
SHIP	RLEY, JONATHAN W ATTY			81	Name				
171	CIRCLE DR.			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
MAJ	TLAND FL 32751			83		<u> </u>		······	
				84	City	<u></u>	FL	85 Zip	Code
11. Purcuant	to the provisions of Sections 607.05	502 and 607 1508 Florida	Statutes the a	hove	-named corn	poration submits this statement for the p		chanoino t	s registered
office or agent 1 a SIGNATURE	registered agent, or both, in the Stal are familiar with, and accept the obli	te of Florida. Such change gations of, Section 607.050	was authorize 05, Florida Sta	ed by slutes	the corporat	ion's board of directors. I hereby accep	pt the app	ointment as	registered
	orm, types or printed name of registered				nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	CERS AND		
TIT.E	} P	DELET	FE 1.1 TI	ITLE	ĺ			Change	Addition
NAME	PARMELEE, ANNA E		1.2 N	NAME					
STREET ADDRESS	411 E. JACKSON STREET		1.3 S	STREET	ADDRESS				
CHY-ST-ZIF	ORLANDO FL 32801		1.4 0	CITY - S1	T-ZIP				
TITLE		DELET	TE 2.1 T	TITLE				Change	Addition
NAME			2.2 N	NAME					
STREET ADDRESS			2.3 S	STREET	ADDRESS				
City-ST-ZiP			1	CITY-S	1				
TILLE		DELET			21 511			Change	Addition
NAME:			32 N		1				
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				STREET	ADDRESS				
DiTY+S1+7:P		T nei er	34.(STREET CITY-S	ì			Change	Addition
STREET ADDRESS CITY-ST-7:P		[_] DELET	34.6 TE 4.1 Y	STREET CITY-S FITLE	ì			☐ Change	Addition
DITY-ST-7:P TITLE NAME		[] DELET	34.0 [E 4.1 Y 4.2]	CITY-S TITLE NAME	ST-ZIP			☐ Change	Addition
CITY-ST-7-P TITLE NAME		[] DELEI	34.0 [E 4.1 Y 4.2]	CITY-S TITLE NAME	ì			☐ Change	Addition
CHY-SI-749 TITLE NAME SIREET ADDRESS CHY-SI-219			34.0 (E 4.1 Y 4.2) 4.3 S 4.4 C	CITY-S TITLE NAME STREET	ADDRESS				•
CHY-SI-749 THE NAME SIREET ADDRESS CHY-SI-219		DELET	34.0 (E 4.1 Y 4.2) 4.3 S 4.4 C	CITY-S TITLE NAME STREET	ADDRESS			☐ Change	
DITY+ST-7:P TITLE NAME STREET ADDRESS			34.6 IE 4.1 Y 4.2 I 4.3 S 4.4 C	CITY-S TITLE NAME STREET	ADDRESS				
CHY-SI-7-P TITLE NAME STREET ADDRESS CHY-SI-2IP			34.6 4.1 Y 4.2 I 4.3 S 4.4 C FE 5.1 T	CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS				
CHY-ST-7:P TITLE NAME STREET ADDRESS CHY-ST-2IP TITLE NAME			34.6 FE 4.17 4.21 4.3S 4.4C FE 5.17 52N 53S	CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP ADDRESS ADDRESS				Addition
CHY-ST-749 THEF NAME SIRRET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS			34.6 4.1Y 4.21 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C	CITY-S PITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI CITY-SI CITY-SI	ADDRESS T-ZIP ADDRESS ADDRESS				☐ Addition
CHY-SI-7P THE NAME SIREET ADDRESS CHY-SI-2P HITE NAME STREET ADDRESS CHY-SI-2P		☐ DELET	34.6 IE 4.17 4.21 4.38 4.40 IE 5.17 5.2N 5.3S 5.40 IE 6.17	CITY-S PITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI CITY-SI CITY-SI	ADDRESS T-ZIP ADDRESS ADDRESS			Change	☐ Addition
DITY-ST-7-P TITLE NAME STREET ADDRESS DITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME		☐ DELET	34.6 IE 4.17 4.21 4.38 4.40 IE 5.17 5.2N 5.3S 5.40 IE 6.17 6.2N	CITY-STITLE NAME STREET CITY-STITLE NAME STREET CITY-STITLE NAME STREET LITTLE NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP			Change	
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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:

DNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.97 401.841.495