

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90008 047 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000019984**

1. Corporation Name

INNOVISION MARKETING GROUP, INC.

## Principal Place of Business

411 E. JACKSON STREET  
 SUITE 100  
 ORLANDO FL 32801  
 US

## Mailing Address

411 E. JACKSON STREET  
 SUITE 100  
 ORLANDO FL 32801  
 US

DO NOT WRITE IN THIS SPACE

## 3. Date incorporated or Qualified

03/09/1995

## 4. FEI Number

59-3302297

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

## 6. Election Campaign Financing

☐ \$5.00 May Be  
 Added to Fees

## 8. This corporation owes the current year Intangible Personal Property.

☐ Yes ☐ No

## 2. Principal Place of Business

21 108 S. COURT AVE.

## 2a. Mailing Address

26 108 S. COURT AVE.

Suite, Apt. #, etc.

22 3RD FLOOR

Suite, Apt. #, etc.

27 3RD FLOOR

City &amp; State

23 ORLANDO, FL

City &amp; State

28 ORLANDO

Zip

24 32801

Country

25 USA

Zip

29 FL 32801

Country

30 USA

## 9. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W ATTY  
 171 CIRCLE DR.  
 MAITLAND FL 32751

## 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	P	<input type="checkbox"/> DELETE
NAME	PARMELEE, ANNA E	
STREET ADDRESS	411 E. JACKSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
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		
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	108 S. COURT AVE. 3RD FL
1.4 CITY-ST-ZIP	ORLANDO, FL 32801
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99 841-4955  
 Daytime Phone #

CR2E034 (5/99)