

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031476 (1)

1. Corporation Name

INSTITUTE OF INFORMATION & MEDIA RESOURCES INC.



Principal Place of Business

5360 EAST BAY DRIVE
SUITE 578-178
CLEARWATER FL 34624

Mailing Address

5360 EAST BAY DRIVE
SUITE 578-178
CLEARWATER FL 34624

2. Principal Place of Business

21 5370 East Bay Dr

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 5370 East Bay Dr

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

4. FEI Number

59-3313587

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

CORPORATION CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

DAVID G. HICKMAN

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

3186 Shoreline Dr

83

84 City

Clearwater

FL

85 Zip Code

34620

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

David G. Hickman

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HICKMAN, DAVID G
STREET ADDRESS % 5360 E. BAY DR. SUITE 578-178
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE
NAME HICKMAN, MARIE R
STREET ADDRESS % 5360 E. BAY DR. SUITE 578-178
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5370 East Bay Dr, Suite 578-178
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5370 East Bay Dr, Suite 578-178
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

David G. Hickman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID G. HICKMAN

4/29/96 (813) 532-8406
DATE

CR2E034 (12/95)