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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031476 (1) N/C 1/24/97

1. Corporation Name:

~~INSTITUTE OF INFORMATION & MEDIA RESOURCES INC.~~

General Business Services of Tampa Bay, Inc.

Principal Place of Business

5370 EAST BAY DRIVE
CLEARWATER FL 34624

Mailing Address

5370 EAST BAY DRIVE
CLEARWATER FL 34624-5722

3. Date Incorporated or Qualified
04/21/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 28870 U.S. 19 North

2a. Mailing Address

26 28870 U.S. 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Clearwater FL

28 Clearwater, FL

Zip

Country USA

Zip

Country USA

24 34621

25

29 34621

30

9. Name and Address of Current Registered Agent

HICKMAN, DAVID G
3188 SHORELINE DR
CLEARWATER FL 34620

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
NAME HICKMAN, DAVID G
STREET ADDRESS % 5370 E. BAY DR. SUITE 578-178
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D
NAME HICKMAN, MARIE R
STREET ADDRESS % 5370 E. BAY DR. SUITE 578-178
CITY-ST-ZIP CLEARWATER FL 34624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P & C
12 NAME Hickman, David G.
13 STREET ADDRESS 28870 U.S. 19 N, Suite 300
14 CITY-ST-ZIP Clearwater FL 34621

21 TITLE D
22 NAME Hickman, Marie R
23 STREET ADDRESS 3186 Shoreline Dr
24 CITY-ST-ZIP Clearwater, FL 34620-1786

31 TITLE V & D
32 NAME Hintonach, John W.
33 STREET ADDRESS % 28870 U.S. 19 N
34 CITY-ST-ZIP Clearwater, FL 34621

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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: *David G. Hickman* DAVID G. HICKMAN 4/30/97 (918) 669-9105

CR2E034 (9/96)