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

Mailing Address

1020 NW 100 WAY

PLANTATION FL 33322

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 1020 NW 100 WAY

PLANTATION FL 33322

City-St-2iP

STREET ADDRESS

SIGNATURE:

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 02 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Change

☐ Addition

3. Date Incorporated or Qualified

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000040795 (3)

INTERTIME MARKETING, INC.

05/22/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0582211 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EZEKIEL. IRENE RAGER 1020 NW 100 WAY 82 Number is Not Acceptable) **PLANTATION FL 33322** It IATUS 83 CH AMBLOKE 84 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DIECTOR TITLE 1.1 TITLE NAME EZEKIEL, IRENE 1.2 NAME 1020 NW 100 WAY STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Addition 2.1 TITLE TITLE PARS, DIRECTOR DEAN ISHAY NAME 2.2 NAME 1020 NW 100m wty STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADORESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP 14. Thereby 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DFLFTF