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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500046831 (0) INTERACTIVE MARKETSPACE, INC.										<b>86</b> )(1 <b>88</b> (1)	<b>ác</b> ili <b>e 1818. gláig</b> (1818)	Al Ibai
Principal Place of Business Mailing Address												
2213 CHANTILLY TERRACE OVIEDO FL 32765				2213 CHANTILLY TERRACE OVIEDO FL 32765							A-11. 2-21. 2(12) (12)	
									3. Date Incorporated or Qualifier 06/13/1995	3a.	Date of Last Report	
Principal Place of Business     Section				2a. Mailing Address					4. FEI Number	• 0	Applied F	or
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-33247	18	Not Applie	
22				27					5. Certificate of Status Desired	X	\$8.75 Addition Fee Required	-
City & State	Đ	28	City & State			-		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May B	Ве	
Zip	Country			Zip			ry		8. This corporation has liability for		Added to Fees ble tax under s 199.032,	
24 25 29 9. Name and Address of Current Regis				ered Agent					Florida Statutes Yes No  10. Name and Address of New Registered Agent			
								Name	IU. Name and Adoress of New	Registe	red Agent	
FISK, J	AMIE					8	,	Stroot Addro	ss (P.O. Box Number is Not Accept	. ( ) 3		
2213 CHANTILLY TERRACE							1	Sileet Addre	ss (F.O. Box Number is Not Accept	ары		
OVIED	D FL 3276	5				8:	3					-
						8	1	City	tion submits this statement for the p		85 Zip Code	
SIGNATURE _		or printed name of registered age	nt and title if a	mie f	iS.	r P	'n	eside signature required v	tion submits this statement for the plant of directors. I hereby accept the a	4/3	5/96	
TITLE				☐ DELETE		1. 1 TITLE		P/	TID	TIOETIO !	Change Addit	
NAME						1.2 NAME		J	imie Fisk	~ ~~	0.60	
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NAME						2.2 NAME		g <sub>o</sub>	umond P. Fisk		Change Addit	tion
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NAME CIRCL AVERSON						5.2 NAME						
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NAME						6. 1 TITLE 6.2 NAME					Change Additi	ion
STREET ADDRESS								Moree				
CITY - ST - ZIP						6.3 STREET						- 1
	certify that t	he information supplied	with this f	ling is voluntarily f	urnish	ed and doe	s r	not qualify for t	the exemption stated in Section 119	.07(3)(k),	Florida Statutes, I further	ır

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:

Jamie Fisk 4/5/96 407-365-3436