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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053630 (6)

## **FILED** Feb 17 1998 8:00am Secretary of State

INNOVATIVE MARKETING CONCEPTS, INC.						
Principal Place of Business		Mailing Address		( 1844/66) dia abida dalat dalat déter antic dalat dala	EN CILLE MICEN HILL DEH MEI	
17714 WOODVIEW TERRACE		17714 WOODVIEW TERRACE				
BOCA RATON FL 33487		BOCA RATON FL 33487		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified	
					07/07/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0762646	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
Catala State		City & State			Fee Required	
City & State		at in the contract of the cont		<b>8.</b> Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the cur		
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	I Registered Agent			10. Name and Address of New Registered	Agent
MCCANN, ROBERT K				Name		
17714 WOODVIEW TERRACE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
BO	CA RATON FL 33487		-			
			83			:
			84	City	FL	85 Zip Code
4. Developed to the provincions of Sections 607.05.02 and 607.15.08. Florida Statutos			ns the abov	e-named cor	poration submits this statement for the purpose of	f changing its registered
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, 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 all contribute entire thorses of, Section 607.0505, Florida Statutes.						
SIGNATURE	Sagnature typed or perhed up each non-letted a p	ot mod lide of applicable (NOTI	Flugistered Ag	ent s-gnature requ	ured when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	Р	☐ DELETE	1.1 TITLE			Change Addition
NAME	moorani, nobem ii		1.2 NAME			
STREET ADDRESS	17714 WOODVIEW TERRACE			T ADDRESS		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		Change Addition
TITLE		L.J DECEME	21 TITLE			Change C Addition
NAME			2 2 NAME			
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP TITLE			2. 4 CITY- 3.1 TITLE	31-21		☐ Change ☐ Addition
NAME	<del>-</del>		3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	<u>.</u>		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP		
TITLE		DELETE 5.1				Change   Addition
NAME			5 2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY-	ST - ZIP		☐ Change ☐ Addition
TITLE		DELETE	61 TITLE			C CHANGE C MACHEIDE
NAME			6.2 NAME			5
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			64 CITY	31-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 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.

561-241-1868