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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P95000068668

INNOVATIVE MANAGEMENT RESOURCES GROUP, INC.

rincipal Place of Business

Mailing Address

) SOUTHWEST 15 AVENUE OCA RATON FL 33486 250 SOUTHWEST 15 AVENUE BOCA RATON FL 33486

## FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90016 004 \*\*\*150.00



CA RATON FL 33486		BUCA HATUN PL 33400			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
•						09/06/1995	· · · · · · · · · · · · · · · · · · ·	
Principal Place of Business 2a. Mailing Address 26			ss	,		4. FEI Number	<u> </u>	lied For
				_		65-0607263		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			itc.			5. Certifcate of Status Desired	\$8.75 A	
e rape e rei		27				g. Certificate of Classes Desired	Fee Req	uired
City & State City & State			-	•		6: Election Campaign Financing	\$5.00 N	•
•,		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	· C	Country		8. This corporation owes the current year Intar	ngible	_
<b>F</b>	25	29	30			reladial Froperty Tax:		□No
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered A	gent	
· .	Sand Sand Sand	MALE CONTRACTOR		81	Name			
CAPU	IA JOSEPH D		148	82	Street Adds	ress (P.O. Box Number is Not Acceptable)		
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agent. I am	n familiar with, and accept the ob	oligations of, Section 607.05	505, Florida S	Statutes		oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint		
GNATURE _	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registe	lered Agen	nt signature require	d when reinstating) DATE		<del></del>
		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12
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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 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, with all other like empowered.

SIGNATURE

MATURE AND TYPES OF PRINTED NAME OF MIGHING OFFICER OR DIRECTOR

8/59 561-368-5263

CROFIC