

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094572 (1)

1. Corporation Name

INTERNATIONAL TRADING MARKET, INC.

Principal Place of Business

1387 S. HERCULES AVENUE
CLEARWATER FL 34624

Mailing Address

P.O. BOX 7488
CLEARWATER FL 34618

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

4. FEI Number

65-0633452

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

KIMBALL, WHA J
1387 S. HERCULES AVENUE
CLEARWATER FL 34624

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 602.06(2) and 602.15(2), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 602.06(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
	D KIMBALL, WHA J	1387 S. HERCULES AVENUE	CLEARWATER FL 34624	
	D KIMBALL, PHILIP	1387 S. HERCULES AVENUE	CLEARWATER FL 34624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	[] Change	[] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. NAME		
6. STREET ADDRESS		
7. CITY-STATE-ZIP		
8. NAME		
9. STREET ADDRESS		
10. CITY-STATE-ZIP		
11. NAME		
12. STREET ADDRESS		
13. CITY-STATE-ZIP		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. NAME		
18. STREET ADDRESS		
19. CITY-STATE-ZIP		

14. I do hereby certify that the information appearing on this filing is a true and correct copy of the information required by Section 119.07(3)(a), Florida Statutes. I further certify that the information and statements on this report are true and correct and are made under oath and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent for the corporation and I am duly qualified to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am a resident of the State of Florida.

SIGNATURE:

WHA J. Kimball WHA J. Kimball

4/16/96 (813) 535-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)