

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009830 (6)
1. Corporation Name
NATIONAL INTERACTIVE MARKETING ASSOCIATION INC.



Principal Place of Business
3471 SW OAR COURT
PO BOX 1315
PALM CITY FL 34991

Mailing Address
3471 SW OAR COURT
PO BOX 1315
PALM CITY FL 34991-6315

3. Date Incorporated or Qualified
01/31/1996

3a. Date of Last Report (THIS)
4-15-97

2. Principal Place of Business
21 P.O. Box 1315
Suite, Apt. #, etc.

2a. Mailing address
26 P.O. Box 1315
Suite, Apt. #, etc.

4. FEI Number
65-0661241
Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Palm City

28 City & State
Palm City

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
34991

29 Zip
34991

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

25 Country
MARTIN

30 Country
MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARR, GEORGE
3932 RCA BOULEVARD #3209
PALM BEACH GARDENS FL 33410

81 Name
JOHN A. WHITE
82 Street Address (P.O. Box Number is Not Acceptable)
3471 S.W. OAR CT
83
84 City
PALM CITY FL 85 Zip Code
34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
JOHN A. WHITE

4-15-97

Signature, typed or printed name of registered agent and date of application

(Not for Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN A. WHITE
1.3 STREET ADDRESS	3471 S.W. OAR CT
1.4 CITY-ST-ZIP	PALM CITY FL 34990
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE
JOHN A. WHITE

JOHN A. WHITE

4-15-97

CR2E034 (9/96)