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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

NAME

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

P96000014643 (6)

INNOV	ative Marketing & Pron	MOTIONS, INC.			
Principal Plac	e of Business	Mailing Address			
60 MISTY MEADOW DRIVE BOYNTON BEACH FL 33462		60 MISTY MEADOW DRIVE BOYNTON BEACH FL 33462			DO NOT WRITE IN THIS SPACE
					Date incorporated or Qualified
					02/06/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0655807 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 3	Cou	atry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
HENKLE, MELANI				81 Name	
60			82 Street	Address (P.O. Box Number is Not Acceptable)	
ы	YNTON BEACH FL 33462			83	
				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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	Signature, typed or printed name of registered age	ent and little if applicable. (NOTE. I	Registered	Agent signature	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TIT	LE	Change Addition
NAME	HENKLE, MELANI		1,2 NA	ME	
STREET ADDRESS	60 MISTY MEADOW DRIVE		1.3 ST	REET ADDRESS	
CiTY-ST-ZIP	BOYNTON BEACH FL		1.4 CF	Y-ST-ZIP	
TITLE		DELETE	2.1 TI	LE	☐ Change ☐ Addition

2.2 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

3.4. CITY - ST-ZIP

2. 4 CITY-ST-ZIP

STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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: MULLIO NENCY - REQUIRED

1/6/98 (90) 641-5953

Change

Change

Change

Addition

Addition

☐ Addition

FILED

Jan 20 1998 8:00am

Secretary of State