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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000018509 (5)

INNOVATIVE MEETING & INCENTIVE SERVICES, INC.

Principal Place of Business Mailing Address

5725 IMPERIAL LAKES BLVD.

5725 IMPERIAL LAKES BLVD.

414 BERDRY ST. 2000

## FILED Apr 13 1998 8:00am Secretary of State



5725 IMPERIAL LAKES BLVD. MULBERRY FL 33860 MULBERRY FL 33860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1996 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 21 59-3348543 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIDGWAY, JAMES E 5725 IMPERIAL LAKES BLVD. **B2** Street Address (P.O. Box Number is Not Acceptable) **MULBERRY FL 33860** 83 84 City Zip Code 85 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 agent and tine if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE RIDGWAY, JAMES E JR. 1.2 NAME NAME **4745 TIERRA ALTA COURT** STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2 1 TITLE TITLE 22 NAME NUMF STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Channe Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

James & Rudy