

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000018509**1. Corporation Name

INNOVATIVE MEETING & INCENTIVE SERVICES, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90051 042 ***150.00



						-{	III. Ba lli Ba lak i		UKU U		
Principal Place	of Business	Mailing Address									
5725 IMPERIAL MULBERRY FL :		5725 IMPERIAL LAKES BLVD. MULBERRY FL 33860				DO NOT WRI	TE IN THIS	SPACE			
	•					3. Date Incorporated or Qualifed					
•						02/21/1996					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For					
21		26				59-3348543 Not A			Applicable		
Suite, Apt. :	# etc.	Suite, Apt. #, etc.				 		\$8.7	5 Ad	ditional	
22		├ ─	27			5. Certifcate of Status Desired		Fee	Req	uired	
City & State		City & State				6. Election Campaign Financing		\$5.	00 M	ay.Be	
23		28				Trust Fund Contribution			led to		
Zip Country		Zip Country			-	8. This corporation owes the cur	ent year Int	angible			
24	25 29 30				Personal Property Tax.		☐ Yes]No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent			
				81	Name						
	WAY, JAMES E		.			treet Address (P.O. Box Number is Not Acceptable)					
	IMPERIAL LAKES BLVD.					Cridition (1.50) box radiibot to rate rasseptation					
MUL	BERRY FL 33860			83							
				84	City			85	Zip Co	ıde	
				•	City		FL	. "			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	1 bv	the cornoration	oration submits this statement for the in's board of directors. I hereby acce	purpose of ot the appoi	changin ntment a	g its re s regi	egistered stered	
SIGNATURE	Signature, typed or printed name of registered age	A Line Man Early (A)C	TC: Conjetered	Acen	nt signature required	when reinstation	DATE				
12.		ND DIRECTORS	13.	Agen	it signature required	ADDITIONS/CHANGES TO OF		ID DIRE	CTOR	S IN 12	
TITLE	D	DELETE	1.1 Π	r.E				☐ Cha		Addition	
NAME	RIDGWAY, JAMES E JR.		1.2 N	ME						ļ	
STREET ADDRESS	4745 TIERRA ALTA COURT				T ADDRESS					ļ	
CITY-ST-ZIP	LAKELAND FL 33813			1.4 CITY-ST-ZIP							
TITLE	Chica at 1 1 2 2 2 2 2	· DELETE	2.1 T/		-			Char	nge	Addition	
NAME			2.2 N	ME						}	
STREET ADDRESS	•		2.3 \$7	REET	ADDRESS						
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NAME			3.2 N	AME							
STREET ADDRESS					TADORESS						
CITY-ST-2IP					ST-ZIP						
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NAME	·		4. 2 N								
STREET ADDRESS		•	1		T ADDRESS						
CITY-ST-ZIP	. :		44 C	TY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TI					Cha	nge	Addition	
NAME	•		5.2 N					•			
STREET ADDRESS			5.3 S	TREE1	TADDRESS					1	
CITY-ST-ZIP	-		5,4 C	TY-S	T- ZIP					_	
TITLE		☐ DELETE	6.1 Ti	TLE	-			☐ Cha	nge	Addition	
NAME ·			6.2 N	3MA				•		l	
STREET ADDRESS			6.3 \$	REET	TADORESS .	· .					

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: