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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000024891 (9)

INNERVISION SERVICES, INC.

appears in Block 12 or Block 13 if change

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| 5150 ULMERTO | ON ROAD | 5150 ULMERTON ROAD | | | | | | | |
| SUITE 7 CLEARWATER | FI 92640 | SUITE 7 CLEARWATER FL 34620-401 | 8 | | | | | | |
| OCCAMINATER | 71 32040 | Openition is violation | • | | | 3. Date Incorporated or Qualified 03/15/1996 | 3a. Date of Les | t Report | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | **** | | Applied For | |
| 21 | | 26 | | | 7171 | 59-3373840 | | Not Applicab | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional | |
| 2 | | 27 | | | | G. Columbate of citates position | Fee | Required | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | | May Be | |
| 3 | Constr | 28 | | | | Trust Fund Contribution | | d to Fees | |
| - Zip 511 | Country | Zip | Cour 30 | шу | | 8. This corporation has liability for Florida Statutes | intangible tax unde] Yes No | r s. 199.032, | |
| 4 | 25 g. Name and Address of Cur | | 301 | | | 10. Name and Address of New Re | | | |
| DΛC | | Total Tiographic Agent | | 81 | Name | IQ. Tables and Francisco C. Transition | giotore rigoric | | |
| | SEN, JAMES H | | Ĺ | | | | ···· | | |
| | O ULMERTON ROAD | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | TE 7 | | - | 83 | | | | | |
| CLE | ARWATER FL 32640 | | | - | | | | | |
| | | | ſ | 84 | City | | FL 85 2 | ip Code | |
| 11 6 | | 0500 | | | | | | n lin con intoco | |
| office or i agent. I a | registered agent, or both, in the St ren tamiliar with, and accept the ob- | tate of Florida. Such change was a bligations of, Section 607.0505, Florida. | uthorized rida Statu | by utes | the corporat | poration submits this statement for the prior's board of directors. I hereby acception's | ot the appointment | as registered | |
| SIGNATURE | | | | | | | | | |
| | Signar we typed or printed name of registered | d agent and little if applicable. (NOTE AND DIRECTORS | | Aper | nt signature requir | red when reinstating) | DATE | ODC IN 10 | |
| 12. III:E | D | DELETE DELETE | 13. |) E | ····· | ADDITIONS/CHANGES TO OFFIC | Chang | | |
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| | ROSEN, JAMES | | 1.2 NA | - | ADDOCCO | | | | |
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