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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Hortham,

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1, Corporation Name P96000025801 (7)

INTERNATIONAL MEDIA COOLD INC

Mar 31 1998 8:00am Secretary of State

INTERNATIONAL MEDIA GROOF, INC.									
Principal Place of Business		Mailing Address				-	TOIN TOIL NOT	i Kafija itkiai iji	101 1101 (00)
519 CLEVELAND STREET #205		519 CLEVELAND STREET #205							
CLEARWATER FL 34615		CLEARWATER FL 34615				DO NOT WEEK	TE 164 71 110 C	D105	
						DO NOT WRIT		PACE	
						3. Date incorporated or Qualified	1		
9 Principal Pl	lace of Business	2a. Mailing Ac	idroce			03/14/1996 4. FEI Number			pplied For
21	idea of pusificas	26	idi 633			59-3367945			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zıp	Country	Zip		Country		8. This corporation owes or has p	-	~ '	tangible
24	25	29	30	<u>ol</u>		Personal Property Tax due Jur			
	g. Name and Address of Curre	nt Registered Ager	<u> </u>	04 1		10. Name and Address of New F		7 1712 11	6 06)
	VELO, MARTHA			81 N	ame CON	WAY MARTHA	1708	I CHIMPOL	Name
	CLEVELAND STREET #205			82 St	reet Addre	ss (P.O. Box Number is Not Accept	able)	-101	(11) /
CLI	EARWATER FL 34615			83	<u> 519</u>	OLEVELAND ST. #	205_		
				63	le				
				84 C	ty /	20 0 10 mm		85 Zip	Code
44 Diversort	to the provisions of Continue CO7 OF	00 and 607 1500 Fu	rido Ctatutos	the above no		PAILWAY CIL pration submits this statement for the	FL	3	3725
office or 1	egistered augmt, or both, in the State	of Florida, Such ch	iange was aut	horized by the	corporatio	on's board of directors. I hereby acc	ept the appr	onanging it ointment as	registered
agent. La	m familiar with and actors the obje	pations of, Section 60	07.0505, Florid	da Statutes.			56.10	J	
SIGNATURE	Signature, typid Tribuna die ornegiytered a	and in it applicable		HA SAV Ingistered Agent sig	EW_	d when reinstalies	<u> </u>	}	
12.		ID DIRECTORS	(MOTE A	13.	mature required	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	VP		DELETE	1.1 TITLE	VP	1.00///01/01/01/01/02/01/01	7.00.7.0.7	Change	Addition
NAME	SAVELO, MARTHA			1.2 NAME	IDN	WAY BARTHA		•	
STREET ADDRESS	650 ISLAND WAY #406			1,3 STREET ADDI	RESS 166	O TSI AND WAY # 406			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIF	a	WAY, MARTHA O ISLAND WAY # 406 EARWATER, FL			
TITLE			DELETE	2.1 TITLE		,		Change	Addition
NAME (2.2 NAME	ļ				
STREET ADDRESS				2.3 STREET ADD	RESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZII	P	<u> </u>	<u>.</u>		
TITLE			DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS			1	3.3 STREET ADD	RESS				
CITY-ST-ZIP				3.4. CITY - ST - ZI	P				
TITLE		L.J	DELET E	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDE	RESS				;
CITY-ST-ZIP			· · · · · · ·	4.4 CITY-ST-ZIP	<u> </u>				
TITLE		LJ	DELETE	5.1 TITLE			ļ	Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET ADDR	ress				
CITY-ST-ZIP			051555	5.4 CITY-ST-ZIP	<u> </u>			0.	T 2 4
TITLE		L	DELETE	6.1 THTLE			ı	Change	Addition .
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDA	IESS				
CITY-ST-ZIP				6.4 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 in an uttachment with an address.

SIGNATURE: