

05-13-1999 90050 047... 150.00  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 JAN -7 PM 1:46

DOCUMENT # **P96000030213** ✓  
1. Corporation Name  
**INNOVATIVE MARKETING STRATEGIES INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**321 NE 47th Ct** **321 NE 47th Ct**  
**Ocala, FL 34470** **Ocala, FL 34470**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		4-8-96		05/01/1998	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number		Applied For	
22		27		65-0660594		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30			

9. Name and Address of Current Registered Agent

**J. Warren Bullard**  
**121 NW Third St**  
**Ocala FL 34475**

10. Name and Address of New Registered Agent

81	Name	<b>Steven T Rasmussen</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>321 NE 47th Ct</b>
83		
84	City	<b>Ocala</b>
85	Zip Code	<b>FL 34470</b>

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 of officer or director or name of registered agent and use if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

1/7/00

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Steven T Rasmussen	12 NAME	
STREET ADDRESS	321 NE 47th Ct	13 STREET ADDRESS	
CITY - ST - ZIP	Ocala FL 34470	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	<b>600003096826--1</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>-01/12/00--01100--008</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<b>***158.75 ***158.75</b>
NAME		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

(352) 236-0810

99-00 TS.

# Innovative Marketing Strategies, Inc.

321 NE 47th Ct.  
Ocala, Florida 34470

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Telephone (352) 236 0810  
Fax (352) 236 0846

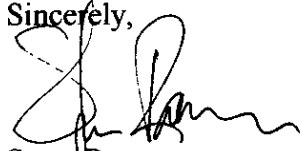
1/6/00

Secretary of State  
Division of Corporations  
Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is to outline the events surrounding the corporate dissolution of Innovative Marketing Strategies, Inc.. It was recently brought to our attention (the week of December 20<sup>th</sup>) that our corporate entity was dissolved. After learning of this a phone call was placed to the Secretary of States office to discuss what had happened and determine how to correct the issue. It was learned that when the corporate annual report was filed with our check for \$150.00 the name of the current registered agent was improperly listed on the preprinted form. As a result it required another signature that was not on the form. I understand the state attempted to notify the corporation but the notices were not received. As a result we would like to get the corporation reinstated and are requesting that any penalties for such reinstatement be waived. Your consideration is appreciated.

Sincerely,



Steve Rasmussen  
President