

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 23 1998 8:00am  
Secretary of State

DOCUMENT # **P96000047975 (3)**

1. Corporation Name

**INTERNATIONAL MARKETING INNOVATORS, INC.**



Principal Place of Business

**2001 59TH CIRCLE SOUTH  
ST. PETERSBURG FL 33712**

Mailing Address

**2001 59TH CIRCLE SOUTH  
ST. PETERSBURG FL 33712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/03/1996**

4. FEI Number

**59-3379619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **600 Bypass Dr**

Suite, Apt. #, etc.

22 **Suite 103**

City & State

23 **Clearwater FL**

Zip

24 **33764-5078**

Country

25 **USA**

2a. Mailing Address

26 **600 Bypass Dr**

Suite, Apt. #, etc.

27 **Suite 103**

City & State

28 **Clearwater FL**

Zip

29 **33764-5078**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**AMBROSE, C. ALLEN  
2001 59TH CIRCLE SOUTH  
ST. PETERSBURG FL 33712**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**600 BYPASS DR #103**

83

84 City

**Clearwater FL**

FL

85 Zip Code

**33764**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **AMBROSE, C. ALLEN**  
STREET ADDRESS **2001 59TH CIRCLE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ DELETE  
NAME **FISCHELL, GEORGE**  
STREET ADDRESS **2001 59TH CIRCLE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ DELETE  
NAME **BRAUMBECK, RICHARD A**  
STREET ADDRESS **10733 DOROTHY LANE**  
CITY-ST-ZIP **LARGO FL 34644**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE:

*[Signature]*

1-14-98

813-724-0125

CR2E034 (10/97)