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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90081 006 ***150.00

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INTERACTIVE MULTIMEDIA, INC.							1.10111	B#1 118 18118	Nama de de la compa	IEUL BBIII EEU	DA GARO HARO HILAK	AALAH HAH LARI
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FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326												
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	·		_				3. Date Inco 06/21/1	996	r Qualifed	ı		
2. Principal Pl	lace of Business	2a.	Mailing Address	_			4. FEI Numb					plied For
21		26					65-0674	1127				t Applicable
Suite, Apt.	#, etc.	Ь	Suite, Apt. #, etc.			ļ	5. Certifcate	of Status	Desired		\$8.75 / Fee Re	
22		27	City 9 State									
City & State	e	<u> </u>	City & State				6. Election C	ampaign i d Contribu		, 🗆	\$5.00 Added	·
Zip	Country	28	Zip	Country			8. This corps			rrent vear I		
24	25	29	3	_				Property T		non year i	Yes	□No
24	9. Name and Address of Curre						10. Name an			Registere	d Agent	
				81	Name							Í
AMERILAWYER CHARTERED				82	Street	Addres	s (P.O. Box N	umber is N	ot Accer	table)		
343 ALMERIA AVENUE				02	Succe	Aggies	13 (1 .O. DOX 14)	uiiioo: 10 1	ю посор			
CORAL GABLES FL 33134				83								
	:			84	City			_ 			. 85 Zip	Code
										F	L -	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 6	07.1508, Florida Statutes	, the above	-named	corpor	ation submits t	his statem	ent for th	e purpose o	of changing its pointment as re	registered aistered
office or n	egistered agent, or both, in the State im familiar with, and accept the oblig	ations of	, Section 607.0505, Florid	a Statutes.		oradon	3 Octara or ano		.00, 000	op: alo app		
SIGNATURE			_									
	Signature, typed or printed name of registered ag				t signature r	required w	men reinstating)	CICHANC	ER TO O	DATE	AND DIRECTO	DS IN 12
TITLE	PSTD OFFICERS A	ND DIRE	DELETE	13.		I	ADDITION	3/CHANG	20 10 0	THOLINO	☐ Change	Addition
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NAME	l				TADDRESS	ļ						Į
CTREET ADDRESS												

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:

STREET ADDRESS