## 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

DOCUMENT # P96000073301 (9)

INNOVATIVE SALES & MARKETING GROUP, INC.

## **FILED** Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						+ 100/100/ 319 Obita Beite Onth Ontil Onte Date (	7344 (1104 (111) 05101 (10) (50)
14812 NORTH FLORIDA AVE. TAMPA FL 33613		14812 NORTH FLORIDA AVE. TAMPA FL 33813			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						08/30/1996	
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26				59-3397285	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>–</b>			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State	Ð	City & State	<del></del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country						Added to Fees
	25 29 30		$\vdash$	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24	9. Name and Address of Curren		1301			10. Name and Address of New Registere	<i></i>
er	<del></del>			81	Name		
STAFFORD, S.L. 14812 NORTH FLORIDA AVE.				00	Carrent Andrian	non (D.O. Dou Museker in Mot Appendable)	
	MPA FL 33613			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
iru	MI A 1 E 000 10			83			
				84	City		■ 85 Zip Code
						F	_ , , ,
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 4 applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Signature typed or printed name of registered agont and title if applicable. (NOTE R  OFFICERS AND DIRECTORS				Agen	i eignature redune	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D/P/T	DELETE	13.	LE		ADDITIONS/OFFARGES TO OFFICERS A	Change Addition
NAME	JOHNSON, TERRY	<del>_</del>	1.2 NA				
STREET ADDRESS	1909 STANFIELD DR.		1.3 ST	1.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		1.4 C				
TITLE	519415 511 15 55511	☐ DELETE		2.1 TITLE			Change Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 ST	REET A	DDRESS		j
CITY-ST-ZIP			2.4C		- ZIP		
TITLE	<u> </u>	DELETE	3.1 VITLE				Change Addition
NAME			3.2 NA	ME			Ì
STREET ADDRESS			3.3 ST	REET A	DDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		- ZIP		
TITLE	DELETE 4.1		4.1 T(1	LE			☐ Change ☐ Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET A	ODRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-	- ZIP		
TITLE		☐ DELÉTE	5.1 TIT	LE			Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET A	DDRESS		
CITY-ST-ZIP			5.4 CI	IY-ST-	- ZIP		
TITLE		DELETE	6.1 TIT	LE			Change Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	DDRESS		
CITY-ST-ZIP			6.4 CII	IY-\$1-	71P	140.07/0V/0 Florida Contact Health	

14. Thereby 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 exponation 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, upon an attachment with an address.