

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # *P 97000007513*  
1. Corporation Name

*Invention Marketing Associates, Inc.*

Principal Place of Business

Mailing Address

*20125 NE 16<sup>TH</sup> Place  
Miami FL 33179*

*20125 NE 16<sup>TH</sup> Place  
Miami FL 33179*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*1/24/97*

2. Principal Place of Business

2a. Mailing Address

21 *20113 NE 16<sup>TH</sup> Place*

26 *20113 NE 16<sup>TH</sup> Place*

4. FEI Number

*65-0729023*

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 City & State

*Miami FL*

27 City & State

*Miami FL*

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 Zip

Country

*33179*

*U.S.*

29 Zip

Country

*33179*

*U.S.*

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Incorporators Plus, Inc.  
1214 N. University Dr  
Plantation FL 33322 U.S.*

81 Name

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

83

84 City

**FL**

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *D* ☐ DELETE

1.1 TITLE

*DPT*

☒ Change ☐ Addition

NAME *Steven H Hoffman*  
STREET ADDRESS *20125 NE 16<sup>TH</sup> Place*  
CITY-ST-ZIP *Miami FL 33179*

1.2 NAME

*Steven H Hoffman*  
*20113 NE 16<sup>TH</sup> Place*  
*Miami FL 33179*

TITLE *D* ☐ DELETE

2.1 TITLE

*D V S*

☒ Change ☐ Addition

NAME *Kevin Cochran*  
STREET ADDRESS *20125 NE 16<sup>TH</sup> Place*  
CITY-ST-ZIP *Miami FL 33179*

2.2 NAME

*Kevin Cochran*  
*20125 NE 16<sup>TH</sup> Place*  
*Miami FL 33179*

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**800002525738**

**-05/15/98--01085--021**

**\*\*\*150.00**

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.

CFR2E034 (10/97)