CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Nar



DOCUMENT # PO700034688

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90036 002 ***150.00

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MENTS,	INC.	

IMC INVEST Principal Place of Business Mailing Address 2306 E CENTRAL BLVD 2306 E CENTRAL BLVD ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/15/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3441010 Not Applicable P O-BOX- 69-1237 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State **Election Campaign Financing** П FL ORLANDO Added to Fees Trust Fund Contribution 28 23 This corporation owes the current year Intangible Personal Property Tax. Country Country 32869 □No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GERARD, HELEN A Street Address (P.O. Box Number is Not Acceptable) 6410-METRO WEST BLVD 2306 E CENTRAL ORLANDO FL-32835 83 Zip Code **328**03 84 City ORLANDO 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. Citawan SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typeti ted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE PITTAWAY, COLIN C 1.2 NAME NAME 6400 W. HWY 192 6410 METRO WEST BLVD 1.3 STREET ADDRESS STREET ADDRESS FL-34746 KISSIMMEE ORLANDO FL 32835 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE STD 2.2 NAME PITTAWAY, HEIDI C NAME 6400 W.HWY-192 6410 METRO WEST BLVD 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL. 34746 ORLANDO FL 32835 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIF Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7/8 CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

64 CITY-ST-7IP

SIGNATURE

SIGNATION REPORTED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4.6.99