Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees.

☐ Yes

Not Applicable

### 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** 

# DOCUMENT # P97000089489

Country

9. Name and Address of Current Registered Agent

25

WHELAN, KEVIN M

DATE TRADEMINING AVE

IMAGINATION TECHNOLOGIES, INC.

Principal	Place	of Bu	siness

2. Principal Place of Business

Mailing Address

9416 TRADEWINDS AVE SEMINOLE FL 33776

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

9416 TRADEWINDS AVE SEMINOLE FL 33776

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

## **FILED** Mar 30, 1999 8:00 am **Secretary of State**

03-30-1999 90032 022 \*\*\*150.00



- (	( 1001/100) KAD 19111 (001) BANK BANK BANK DAKIN ODION 1914 BIRIN DEGOL KURIO 1910 INDR
	DO NOT WRITE IN THIS SPACE
ata	Incorporated or Qualifed

10/17/1997

59-3472815

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4, FEI Number

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

	INADEMINDO NAC	]								
SEMI	INOLE FL 33776	8	33							
		8	14	City	85	Zip Co	de			
				•	FL	٠.				
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 1				S IN 12			
TITLE	D DELETE	1.1 TITLE	1.1 TITLE		□ Ch	ange	Addition			
NAME	WHELAN, KEVIN	1.2 NAME		ļ						
STREET ADDRESS	9416 TRADEWINDS AVE	1.3 STREE		UDORESS			ĺ			
CITY-ST-ZIP	SEMINOLE FL 33776	1.4 CITY	-ST-	ZIP						
TITLE	☐ DELETE	2.1 TITLE			Ch	ange	☐ Addition			
NAME		2.2 NAME		1			1			
STREET ADORESS		2.3 STREE		ODRESS						
CITY-ST-ZIP		2. 4 CIT	r-ST	· ZIP						
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CITY-ST-ZIP		4.4 CITY	-ST-	ZIP						
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NAME			5.2 NAME				}			
STREET ADDRESS		5.3 STREET		I			Ĭ			
CITY-ST-ZIP		5.4 CITY-S		ZIP						
TITLE	☐ DELETE	6.1 TITLE				ange	☐ Addition			
NAME		6.2 NAM	_				ł			
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP		6.4 CITY			Lin Continue 440 07(0)(i) Florido Statuto I fuello - andife tha	the i-f				
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 of he 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 or an attachment with an address, with a protein like empowered.										

Country

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