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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 03 1998 8:00am  
Secretary of State

DOCUMENT # P97000099070 (9)

1. Corporation Name

INNOVATIVE MARKETING & ADVERTISING, INC.



Principal Place of Business

Mailing Address

P.O. BOX 12556  
ST. PETERSBURG FL 33733-2556

P.O. BOX 12556  
ST. PETERSBURG FL 33733-2556

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2150 Whitfield Industrial Way

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

23 Sarasota, FL

28 City & State

24 Zip

Country

29 Zip

Country

24 34243

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283

81 Name

Dobiesz, Norman R.

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

2150 Whitfield Industrial Way

83

84 City

Sarasota

FL

85 Zip Code

34243

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

(NOT) Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CS  
NAME Dobiesz, Norman R.  
STREET ADDRESS 2150 Whitfield Industrial Way  
CITY-ST-ZIP Sarasota, FL 34243

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PT  
NAME Greco, Samuel A.  
STREET ADDRESS 2150 Whitfield Industrial Way  
CITY-ST-ZIP Sarasota, FL 34243

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 or changed on an attachment with an address.

CR2E034 (10/97)