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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800003018

INNOVATIVE DATA MANAGEMENT INCORPORATED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90055 023 ***158.75

Principal Place	of Business	Mailing Address					3198	
·	O AVE. SUITE 9	110 N ORLANDO A	ve. suite 9					
MAITLAND FL 32751 MAITLAND FL 32751								
}						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
2 0-1-1-1	and of D. siness	2a Mailing Address			<u> </u>	01/07/1998 4. FEI Number		oplied For
	ace of Business	2a. Mailing Addres	55			59-3483983	<u> </u>	ot Applicable
Suite, Apt.	tt etc	26 Suite, Apt. #, e	etc .			31=3-103 10=	\$8.75	
22	, c.c.	27				5. Certificate of Status Desired		equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Inte	angible	
24	25	29	30			Personal Property Tax.	☐ Yes	ØNo
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent .	~-
D. 40	NOUDAL OUEDAL			81	Name			
	CKBURN, CHERYL			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		<u> </u>
	N ORLANDO AVE, SUITE 9							
MAU	LAND FL 32751			83				
				84	City		85 Zip	Code
						FL		
11. Pursuant i	to the provisions of Sections 607.0 egistered agent or both in the Sta	502 and 607.1508, Florida te of Florida. Such chance	Statutes, the a was authorize	above ed by t	e-named corp the comoration	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	cnanging its ntment as re	registerea egistered
agent. I a	n familiar with, and accept the obli	gations of, Section 607.05	i05, Florida Sta	tutes.		, , ,		•
SIGNATURE						DATE		***
12.	Signature, typed or printed name of registered a	agent and title if applicable. AND DIRECTORS	(NOTE: Registere		t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	n nigecto	NPS IN 12
TITLE	PD	DEL		•		ADDITIONS/CHANGES TO OFFICERS AN		
NAME	BLACKBURN, CHERYL		ETE 111	ΠTI E				
STREET ADDRESS				TITLE			Change	Addition
CITY-ST-ZIP	THE REPORT OF THE PROPERTY OF	- a	1.21	NAME	ADDRESS			
CITT-31-ZP	110 N ORLANDO AVE, SUITI	9	1.21 1.33	NAME STREET	ADDRESS			
TITLE	MAITLAND FL 32751	E 9 □ DEL	1.21 1.33 1.40	NAME				
TITLE NAME		,. <u>-</u>	1.21 1.33 1.40 ETE 2.11	NAME STREET : CITY-ST-			Change	☐ Addition
NAME		,. <u>-</u>	1.21 1.33 1.40 ETE 2.11 2.21	NAME STREET A CITY-ST- TITLE NAME			Change	☐ Addition
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NAME		,. <u>-</u>	1.21 1.33 1.40 ETE 2.11 2.21 2.33 2.4	NAME STREET A CITY-ST- TITLE NAME	-ZIP ADDRESS		Change	☐ Addition
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6.4 CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: