PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	DOOOOOO	006
Corporation Name	290000000	000

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90008 036 ***150.00

INNUVA	ITIVE MEDIA SERVICES, INC	•					
Principal Plac	ce of Business	Mailing Address			a indiciditat indiciditat letiti deliti bancı basu esi	18181 1811 B B1181 BB1	(4)10 B11/ (20)
7693 THORNLL LAKE WORTH	ee drive	7693 THORNLEE DRIVE LAKE WORTH FL 33467			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed	· ·	
į					04/22/1998	<u> </u>	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		otied For
21		26			65-0836/50	تتناحاب	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·-	5. Certificate of Status Desired	\$8.75 A	
City & Sta	te	City & State	-		6. Election Campaign Financing	\$5.00	
23		28			- Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	$\overline{}$	untry	8. This corporation owes the current year		NĤNo
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registers		BET NO
	9. Name and Address of Curren	1 Registered Agent		81 Name	10. Mains Bild Address of redw Registers	id Agent	
RAN	NDS, LAURENCE T						
	3 THORNLEE DRIVE			B2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	SE WORTH FL 33467			83			
	(L 110111111 L 0010)						
				84 City	F	85 Zip C	ode
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	Signature, typed or printed name of registered agen OFFICERS AN	n and title if applicable (NOT D DIRECTORS	E: Registered	d Agent signature require		AND DIRECTO	RS IN 12
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14. I heraby 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

4/20/99 (561) 432-4455