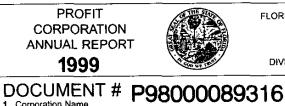
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

701 NW 19TH STREET. #501



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

701 NW 19TH STREET. #501

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90029 020 \*\*\*150.00

IMOG NETWORKS INC.		
Principal Place of Business	Mailing Address	T 4 DOLLARS THE AREA SOTTH BOTH BOTH BOTH AND LANGUE FIND THE BEST FOR

FORT LAUDERUALE FL 33311		FORT LAUDERDALE FL 33311		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					10/19/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-090 579	7	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	75 Additional e Required
22		27			<del></del>		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
	. Country	Zìp	Country	,	8. This corporation owes the curr	ent year Intangible	
<sup>24</sup> 33	31/25 USA	29 3	0		Personal Property Tax.	⊥ Yes	□No
	9. Name and Address of Current				10. Name and Address of New F	legistered Agent	
			81	Name	<del></del>		
LARI	KINS, LOIS		82	04	dress (P.O. Box Number is Not Accepta	-blo\	<del></del>
701 NW 19TH STREET, #501			82	Street Au	idress (P.O. Box Number is Not Accepte	ibie)	
FOR	T LAUDERDALE FL 33311		83				
			84	City		85	Zip Code
				l ,		<u> </u>	74
office or re agent. I a	to the provisions of sections of 5007.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	norized by	tne corpora	rporation submits this statement for the tion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: Re	egistered Age	nt signature requ	uired when reinstating)	DATE ///	<del></del>
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
MILE	D	☐ DELETE	1.1 TITLE			Cha	ange 🗌 Addition
NAME	LARKINS, LOIS		1.2 NAME				
STREET ADDRESS	701 NW 19TH STREET, #501		1.3 STREE	TADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		1.4 C/TY-S	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Chá	inge Addition
NAME			2.2 NAME				
STREET ADDRESS			1	T ADDRESS			
			2. 4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	011211		Cha	ange Addition
NAME			3.2 NAME				
				T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP I		☐ DELETE	3.4. CITY-S 4.1 TITLE	J1-ZIF		Chi	ange Addition
TITLE NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE			☐ Ch	ange
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
			5.4 CITY-S	ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		Ch	ange Addition
TITLE			6.2 NAME				-
NAME	}		1	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)

**≡**:::