

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

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

02-23-1999 90030 046 ***158.75

DOCUMENT # P98000097489

1. Corporation Name

INNOVATIVE MARKETING OF AMERICA, INC.

Principal Place of Business

10022 COUNTRY CARRIAGE CIR.
RIVERVIEW FL 33569

Mailing Address

10022 COUNTRY CARRIAGE CIR.
RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

59-354-3354

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year, intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 PO Box 302

26 Suite, Apt. #, etc.

22 Riverview, FL

27 Suite, Apt. #, etc.

23 33568 USA

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

RUIZ, TRUDY L
10022 COUNTRY CARRIAGE CIR.
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Trudy L Ruiz, Secretary

1-13-99

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CH-D ☐ DELETE

NAME MCKEON, TOM
STREET ADDRESS 11122 137TH ST., NORTH
CITY-ST-ZIP LARGO FL 33774

TITLE D ☒ DELETE

NAME MCKEON, TRACY
STREET ADDRESS 11122 137TH ST., NORTH
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ DELETE

NAME RUIZ, HENRYAKA TEDD WEBB
STREET ADDRESS 10022 COUNTRY CARRIAGE CIR.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE SEC ☐ DELETE

NAME RUIZ, TRUDY
STREET ADDRESS 10022 COUNTRY CARRIAGE CIR.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE P ☐ DELETE

NAME KITKOWSKI, TOM
STREET ADDRESS 7310 TEMPLE TERR. HWY.
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D ☐ DELETE

NAME HOLMES, CURTIS
STREET ADDRESS 1605 S. MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL 34616

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trudy L Ruiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

813-671-8896

Daytime Phone #

CR2E034 (11/98)

0370252