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PROFIT CORPORATION-ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S01794**

1. Corporation Name

INNOVATIVE PUBLIC RELATIONS AND ADVERTISING, INC

Principal Place of Business	Mailing Address
1821 SW 55TH AVENUE PLANTATION FL 33317	1821 SW 55TH AVENUE PLANTATION FL 33317



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Principal Place	e of Business	Mailing Address				I (MELIBIA III AAIAI IIAII IAAIA IAIII AIAI AI			
1821 SW 55TH PLANTATION F		1821 SW 55TH AVENUE PLANTATION FL 33317				DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualifed 09/21/1990			
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number		Applied For	
1		26				65-0320502		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	- !	5. Certificate of Status Desired		Additional Required	
City & Stat	e .	City & State			•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	 _		8. This corporation owes the current year	r Intangible		
<u> </u>	25	29 30	,			Personal Property Tax.	☐ Yes	□No	
7	9. Name and Address of Current	<u> </u>	·		1:	0. Name and Address of New Registe	red Agent		
1/44			81	Name					
KAMEN, RONALD T.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	SW 55TH AVENUE		L			<u> </u>			
PLAI	NTATION FL 33317		83	3					
			84	,		-	<u> </u>	p Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	orizea by	tne como	corporati oration's	ion submits this statement for the purpos board of directors. I hereby accept the a	e of changing oppointment as	its registered registered	
SIGNATURE	- 12					9-20	2-17		
	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Age	ent signature n	required whe	an reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
12.		DELETE	1.1 TITLE		1	ADDITIONS/OFFICES TO OFFICER	Chang		
TITLE	D CAMEN DONALD			•	1				
NAME	KAMEN, RONALD		1.2 NAME						

STREET ADDRESS 1821 SW 55TH AVE 1.3 STREET ADDRESS PLANTATION FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZiP CITY-ST-ZIP

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

BEALLBED

DELETE

☐ Change

☐ Addition