

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

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90004 030 ***150.00

~~1999~~ 2000
DOCUMENT # S34313

1. Corporation Name

**INNOVATIVE MARKETING & DISTRIBUTION SERVICES, IN
C.**

(R)

Principal Place of Business

2200 NW 32 STREET
SUITE 700
POMPANO BEACH FL 33069
US

Mailing Address

9704 BOCA GARDENS CIR N APT C
BOCA RATON FL 33496
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

65-0250388

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

HAINES, SARAH G.
9704 C BOCA GARDENS CR. N.
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

William Haines

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

2200 N.W. 32nd St, Ste 700

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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

William Haines

(NOTE: Registered Agent signature required when reinstating)

DATE

William Haines 6/14/00

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAINES, SARAH G.

STREET ADDRESS 9704-C BOCA GRDS CIR N.

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME DYKES, BARBARA J.

STREET ADDRESS 4007 COCOPLUM CIRCLE

CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (954) 969-0005