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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S62224 1. Corporation Name

INNOVATIVE MANAGEMENT COUNSELORS, INC.

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Principal Plac	e of Business	Mailing Address			T INDIVIDUE INDIBILITE SIEND ITRID ISDAI	BIEL BIEL GIBIL GIBLE EL	IBIN ANDIS BIEN SEN
2692 VINE STR	REET	2692 VINE STREET					
ORLANDO FL 32806 ORLANDO FL 32806							
						IN THIS SPACE	
					3. Date Incorporated or Qualifed		•
					06/25/1991		
— ·	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0273601		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	¥	5 Additional Required
City & Stat	·	27 City & State				<u>_</u>	
City & Stat	l e .	⊢ , •			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	28	Cou	ntn/			ed to Fees
·	25	29	30	ii.i.y	This corporation owes the current Personal Property Tax.	nt year intangible ☐ Yes	No
24	9. Name and Address of Curre]3U]		10. Name and Address of New Re		Aino
	3. Name and Address Of Carre	Registered Agent		81 Name	10. Name and Address of New York	gistered Agent	,
CAS	CADDAN, ROBERT E.				·		
2692	VINE STREET	曾日,华年, 第		82 Street Add	fress (P.O. Box Number is Not Acceptabl	le)	
	ANDO FL 32806		Ì	83	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 10 mm 1
	· .				2017年開始	机物合物管	
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114 Dureuent	to the provisions of Sections 607.050	22 and 607 1508. Florida Stat	tutos the at	nove named cor	poration submits this statement for the pu	FL	ite ragietared
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	by the corporat	ion's board of directors. I hereby accept t	the appointment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	ites.			•
SIGNATURE							
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	Signature, typed or printed name of registered age			Agent signature requir		DATE	TORS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.	· ·	ed when reinstating) ADDITIONS/CHANGES TO OFFIG	CERS AND DIREC	
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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:

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FILED

Jan 27, 1999 8:00am

Secretary of State

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