

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92622** (7)

1. Corporation Name

INTERNATIONAL MARKETING LIMITED, INC.

Principal Place of Business

**3745-A NOVA ROAD
PORT ORANGE FL 32119**

Mailing Address

**3745-A NOVA ROAD
PORT ORANGE FL 32119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1991

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3092290

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Suite, Apt. #, etc.

26. City & State

27. Zip

28. Country

29. Suite, Apt. #, etc.

30. City & State

31. Zip

32. Country

33. Suite, Apt. #, etc.

34. City & State

35. Zip

36. Country

9. Name and Address of Current Registered Agent

**PIACENTI, BERNIE
3745-B NOVA ROAD
PORT ORANGE FL 32119**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip Code

FL

85. State

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 607.0504, Florida Statutes.

SIGNATURE

(Print Name, Title, and Address of Registered Agent or Director)

(Print Name, Title, and Address of Registered Agent or Director)

12.

OFFICERS AND DIRECTORS

12.1 NAME	D
12.2 NAME	BUQUICCHIO, ANGELO
12.3 STREET ADDRESS	3745-A NOVA ROAD
12.4 CITY, ST, ZIP	PORT ORANGE FL
12.5 NAME	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 NAME	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 NAME	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.031-119.034, Florida Statutes. I further certify that this information was obtained from the official report or supplemental annual report as 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 I have changed or am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PROPER LINE OF SIGNING OFFICER OR DIRECTOR

Angelo Buquicchio

AS CTA 5/1/95 (904) 788-0224