

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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29

30

9. Name and Address of Current Registered Agent

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

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 607.0592 and 607.0593, 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 607.055, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of person authorized to file this report

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
BUQUICCHIO, ANGELO
3745-A NOVA ROAD
PORT ORANGE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change or deletion of an officer with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓

3-15-96

✓

904-788-0224

CR2E034 (12/95)