

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V44807

1. Corporation Name

INTERACTIVE ISSUES INC.
DBA INNOVATIVE MEDICAL SERVICES

Principal Place of Business

Mailing Address

953 N. PENNSYLVANIA AVE.
WINTER PARK, FL 32789

3. Date Incorporated or Qualified

06/17/92

3a. Date of Last Report

5/1/95

2. Principal Place of Business

2a. Mailing Address

21 953 N. PENNSYLVANIA

26 953 N. PENNSYLVANIA

4. FEI Number

59-3138058

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32789

25 ORANGE

29 32789

30 ORANGE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT DRAZEN
953 N. PENNSYLVANIA AVE.
WINTER PARK, FL 32789

81 Name

ROBERT DRAZEN

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

953 N. PENNSYLVANIA AVE

83

84 City

WINTER PARK

FL

85 Zip Code

32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DRAZEN, ROBERT A. ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

DRAZEN, ROBERT A. ☒ Change ☐ Addition

953 N. PENNSYLVANIA

WINTER PARK, FL 32789

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

☐ Change ☐ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

☐ Change ☐ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

☐ Change ☐ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

☐ Change ☐ Addition

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

☐ Change ☐ Addition

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

☐ Change ☐ Addition

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

☐ Change ☐ Addition

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DRAZEN

4/26/96

(407)628-2088

CR2E034 (12/95)