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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V57998

(9)

INTERNATIONAL MEDDESIGN, INC.

FILED
May 12 1997 8:00am
Secretary of State



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<del>2300 22 AVE</del> ST PETERSB	BURG FL 33748 05	ST. PETERSBURG FL	337 <b>13-494</b> 4				
US		US	05		3. Date Incorporated or Qualified	3a. Date of Last F	Renort
					08/15/1992	04/26/1996	юрит
2. Principa	al Place of Business	28. Mailing Address			4. FEI Number		pplied For
1		26			59-3141934	<del></del>	ot Applicab
·1	pl #, elc.	Suite, Apt. #, etc.	,		6. Certificate of Status Desired	7	Additional teguired
City & S	State	City & State			6. Election Campaign Financing		May Be
		28			Trust Fund Contribution		to Fees
Zφ	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax under	s. 199.032,
<u> </u>	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent	B1	Namea .	10. Name and Address of New Re	······································	<del> </del>
	ISPERS, SIMON			AL	BOAT J. WINN ess (P.O. Box Number is Not Acceptak	<i>(</i> <b>[5</b> ] <sup>2</sup>	
	600 22 AVE N		62	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
ठा	FPETERSBURG FL 33713		63		4 101. 3000		<del></del>
	. (		84	City 5	l Retens burg	FL 85 2 0	Code 725
1. Porsua	ent to the provisions of Specials 607	02 ap 1 607 1508, Florida S	datutes the abov	ve-named corn			
office o	or registered agont, or both is the Sa	of forida. Such change v	vas authorized b	y the corporat	oration submits this statement for the pion's board of directors. I hereby acception	of the appointment as	s registered
		ONDORS OF Seelies 607.050	5, Florida Statute	98.			
SIGNATŮR	Signs we typed or printed have or registrates	on the Inplicable.	(NOTE: Fiegislered Ag	gent signature requir	ed when reinstating)	DATE	
2.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12
11 F	DPT	☐ DELETE	1.1 TITLE			☐ Change	Additi
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4. Lob 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or directly of the flaporation or their eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Flock 13 if Mangell. My or anattachment with an address.

SIGNATURE

ME OF BIGNING OFFICER OR DIRECTOR

27/97

813-821-550