

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V62319** (1)

1. Corporation Name
INTELLIGENT MACHINES CORPORATION

Principal Place of Business

Mailing Address

**1427 CHAFFEE DRIVE
SUITE 4
TITUSVILLE FL 32780
US**

**1427 CHAFFEE DRIVE
SUITE 4
TITUSVILLE FL 32780
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/04/1992** 3a. Date of Last Report **08/05/1996**

4. FEI Number **59-3182795** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, TERRANCE
1427 CHAFFEE DRIVE
SUITE 4
TITUSVILLE FL 32780**

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE

NAME **SPENCER, JAMES E JR**
STREET ADDRESS **1042 MANIGAN AVE**
CITY-ST-ZIP **OVIEDO FL**

11 TITLE ☒ Change ☐ Addition

12 NAME **3488 Foxton Court**
13 STREET ADDRESS **OVIEDO, FL 32765**
14 CITY-ST-ZIP

TITLE **ST** ☐ DELETE

NAME **SPENCER, JACQUELINE J**
STREET ADDRESS **1042 MANIGAN AVE**
CITY-ST-ZIP **OVIEDO FL**

21 TITLE ☒ Change ☐ Addition

22 NAME **3488 Foxton Court**
23 STREET ADDRESS **OVIEDO, FL 32765**
24 CITY-ST-ZIP

TITLE **VP** ☐ DELETE

NAME **MOORE, TERRANCE C**
STREET ADDRESS **2347 BALLARD AVE.**
CITY-ST-ZIP **ORLANDO FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****558.75**

14. I do 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.

SIGNATURE

[Handwritten signature]

CR2E034 (4/97)