

7-16-98 B-8055 - C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V62319 (1)
1. Corporation Name
INTELLIGENT MACHINES CORPORATION

Principal Place of Business

1427 CHAFFEE DRIVE
SUITE 4
TITUSVILLE FL 32780
US

Mailing Address

1427 CHAFFEE DRIVE
SUITE 4
TITUSVILLE FL 32780
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1992

4. FEI Number

59-3182795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOORE, TERRANCE
1427 CHAFFEE DRIVE
SUITE 4
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

JAMES E. SPENCER, JR.

82

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

3488 FOXTON CT.

83

84

City

OVIEDO

FL

85

Zip Code

32765

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/98

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME SPENCER, JAMES E JR
STREET ADDRESS 3488 FOXTON CT.
CITY-ST-ZIP OVIEDO FL 32785 ☐ DELETE

TITLE ST
NAME SPENCER, JACQUELINE J
STREET ADDRESS 3488 FOXTON CT.
CITY-ST-ZIP OVIEDO FL 32785 ☐ DELETE

TITLE VP
NAME MOORE, TERRANCE C
STREET ADDRESS 2347 BALLARD AVE.
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR, R&D
1.2 NAME JEFFERY A. HOOKER, Ph.D.
1.3 STREET ADDRESS 405 FIFTH AVE.
1.4 CITY-ST-ZIP MELBOURNE BEACH, FL 32951 ☐ Change ☒ Addition

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

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. SPENCER, JR. 7/7/98 (407) 268-2600

Date

Daytime Phone #

FILED
Jul 16 1998 8:00am
Secretary of State



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CR2E034 (5/98)