

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

DOCUMENT # **V65444** (4)

1. Corporation Name

INDEPENDENT PROMOTIONS INCORPORATED



Principal Place of Business

**1050 LAKE ROGERS CIRCLE
OVIEDO FL 32765**

Mailing Address

**P O BOX 195515
WINTER SPRINGS FL 32719
US**

3. Date Incorporated or Qualified

09/18/1992

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3144346

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 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

**KENNEDY, JAMES P.
1050 LAKE ROGERS CIRCLE
OVIEDO FL 32765**

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 filer if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D KENNEDY, JAMES P.**
STREET ADDRESS **1050 LAKE ROGERS CIRCLE**
CITY- ST- ZIP **OVIEDO FL**

1. 1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE ☐ DELETE

NAME **D KENNEDY, BARBARA**
STREET ADDRESS **1050 LAKE ROGERS CIRCLE**
CITY- ST- ZIP **OVIEDO FL**

2. 1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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 Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone

CR2E034 (12/95)