

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838478 (6)

1. Corporation Name

IMTRA CORPORATION



Principal Place of Business

30 SAMUEL BARNET BLVD
NEW BEDFORD MA 02745

Mailing Address

30 SAMUEL BARNET BLVD
NEW BEDFORD MA 02745

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			29		

9. Name and Address of Current Registered Agent

STEARNS, STEPHEN
4740-126TH AVE., N.
CLEARWATER FL 34622

81 Name

Ed Dickson

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

1043 Ashley Avenue

83

84 City

Indian Harbor Beach

FL

85 Zip Code

32937

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: *E. D. Dickson*

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

ED DICKSON

(Typed Name of Registered Agent and Signature if required)

22 MARCH '96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARNHAM, WILLIAM H., JR.	
STREET ADDRESS	15 WEST RIVER ROAD	
CITY-STATE-ZIP	MARION MA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE OR
NAME	SCHULER, CLARK S	
STREET ADDRESS	646 MARRETT ROAD	
CITY-STATE-ZIP	LEXINGTON MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROGERSON, WILLIAM G.	
STREET ADDRESS	103 PINCKNEY ST.	
CITY-STATE-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERSON, EDWARD S	
STREET ADDRESS	231 RANDOLPH AVE	
CITY-STATE-ZIP	MILTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BISHOP, FRANCIS N	
STREET ADDRESS	163 MATHEWSON RD	
CITY-STATE-ZIP	BARRINGTON RI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, DAVID E	
STREET ADDRESS	593 HIGHLAND RD	
CITY-STATE-ZIP	TIVERTON RI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	02738
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	02193
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	103 Pickney Street
3.4 CITY-STATE-ZIP	02114
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	02186
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	02806
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	02878

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)(g), 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: *Edward S. Rogerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 508-995-7000
DATE DAYTIME PHONE #

CR2E034 (12/95)