## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02065

(3)

FILED
Feb 11 1997 8:00am
Secretary of State

IMPOON INCORPORATED									
Principal Place of Business	Maifing Address				2 TOO LYON STATE ORGEN SERVE ON THE DISTOR BOTH OF	(#11 #1#(  # <b>1</b> #)	ir Glaff \$1514	#1#11 7 <b>#</b> ##	
11258 CORNELL PARK DR. SUITE 608	2640 GOLDEN GATE PKWY % RICHMAN, DEIFIC, & LA								
CINCHNATI OH 45242 NAPLES FL 34105-3203 US US					3. Date Incorporated or Qualified 10/09/1980	3a. Date of Last Report 04/24/1996			
2. Principal Place of Business	2a. Mailing Address		_		4. FEI Number	<u></u>	TA	pplied For	1
21	26				31-1001017			ot Applicable	]
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional equired	
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23	28				Trust Fund Contribution			to Fees	j
Zip Country	Zip	Country			8. This corporation has liability for it			199.032,	]
24 25	29	30			Florida Statutes				
9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	A beretalı	gent		4
RICHMAN, KEN		l	81	Name					
2640 GOLDEN GATE PKWY #206 % RICHMAN, DEIFIC, & LANIER			82	Street Add	dress (P.O. Box Number is Not Acceptab	'e)			1
33942		Ţ	в3						
		Ì	84	City	· ···-	FL	<b>85</b> Zip	Code	1
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig	e of Florida. Such change was	authorized	Ιbν	the corpora	poration submits this statement for the p attion's board of directors. I hereby accep	irpose of o	changing i intment as	ts registered registered	1
SIGNATURE Signature, typed or printed name of registered at	gent and title if applicable (NOI	II : Registered	Age	nt signature requ	ired when reinstating)	DATE			
12. OFFICERS AT	ND DIRECTORS	13.		,,,,,,	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	]{
TITLE V	☐ DELETE	1 1 117	LE			i	Change	Addition	Ş
NAME WARREN, CAMILLA C STREET ADDRESS 4720 DUNEDEN AVENUE		1.2 NA	ME	-					3
CINCINIATI OU				ADDRESS					إ
TITLE VSD	DELETE	2.1 TH		T-ZIP			Change	Addition	٦È
NAME CONN, JOAN DAVIS		2.2 NA				ı	Change	Addition	
STREET ADDRESS 9000 HOPEWELL RD.		1		ADDRESS					}
CITY-ST-ZIP CINCINNATI, OH 00000		2.4 01							
TITLE PTD	DELETE	31111		11-211			Change	Addition	1
NAME CONN, RAYMOND		3 2 NA	ME				-		
STREET ADDRESS 1054 6TH STREET SOUTH		3.3 ST	REET.	ADDRESS					
CITY-ST-ZIP NAPLES FL		3.4. Cr	TY-S	II-ZIP					
TITLE	☐ DELETE	4.1 TJT	LE				Change	Addition	
NAME		4, 2 N/	ME						1
STREET ADORESS		4.3 \$16	KEET.	ADDRESS					
CITY-ST-ZIP	Detres	4.4 CIT	_	1-ZIP			٦		1
TIFLE	DELETE	1	5.1 TOTLE			L	Change	Addition	1
NAME		5 2 NA							
STREET ADDRESS		- 1		ADDRESS					
CITY-ST-ZIP	DELETE	5.4 CIT		T-ZIP		r	Change	Addition	-
NAME	[] Dittie	6.1 117 6.2 NA				L	onenge	☐ Working[i	}
STREET ADDRESS		1		ADDRESS					
****		- 1							
14. I do hereby certify that the information supplied	ed with this filing does not quali	6.4 Cit ify for the			d in Section 119.07(3)(i), Florida Statutes	. I further	certify that	the	+

Information indicated on this annual report or supplemental annual report is frue 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 13.1 of anged, or on an attachment with an address.

1.20-02 612-520-9844