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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000059765 (5)

1. Corporation Name
IMANI INDUSTRIES, INC.



Principal Place of Business: 312 PLUM STREET THOMASVILLE GA 31782
Mailing Address: POST OFFICE BOX 1699 THOMASVILLE GA 31789-1699

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: 10/02/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. P.O. Box 2017	58-2135402	Not Applicable
23. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. THOMASVILLE, GA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. 31789-2017	30. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAWSON, LETA 3007 SHAMROCK NORTH #10 TALLAHASSEE FL 32308	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	WARD, CHARLIE JR.	1.2 NAME	
STREET ADDRESS	312 PLUM STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA 31792	1.4 CITY - ST - ZIP	
TITLE	D [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	WARD, WILLARD	2.2 NAME	
STREET ADDRESS	312 PLUM STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA 31792	2.4 CITY - ST - ZIP	
TITLE	D [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	DAWSON, LETA	3.2 NAME	
STREET ADDRESS	3007 SHAMROCK NORTH #10	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	3.4 CITY - ST - ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Willard Ward Willard Ward 4-4-97 (912) 226-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (9/96)