

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90092 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000108117

1. Corporation Name
IMR SUB A CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 26750 US HWY 19 NORTH
 SUITE 500
 CLEARWATER FL 33761

Mailing Address
 26750 US HWY 19 NORTH
 SUITE 500
 CLEARWATER FL 33761

3. Date Incorporated or Qualified
12/30/1998

4. FEI Number
Applied For Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
PATEL, DILIP
 26750 US HWY 19 NORTH
 SUITE 500
 CLEARWATER FL 33761

10. Name and Address of New Registered Agent

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

TITLE DELETE
 NAME **D PATEL, DILIP**
 STREET ADDRESS **26750 US HWY 19 NORTH #500**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP,S** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **D** Change Addition
 2.2 NAME **SATISH K. SANAN**
 2.3 STREET ADDRESS **26750 US HWY 19 NORTH #500**
 2.4 CITY-ST-ZIP **CLEARWATER, FL 33761**

3.1 TITLE **VPT** Change Addition
 3.2 NAME **ROBERT M. MOLSICK**
 3.3 STREET ADDRESS **26750 US HWY 19 NORTH #500**
 3.4 CITY-ST-ZIP **CLEARWATER, FL 33761**

4.1 TITLE **P,D** Change Addition
 4.2 NAME **VINCENT ADDONISIO**
 4.3 STREET ADDRESS **26750 US HWY 19 NORTH #500**
 4.4 CITY-ST-ZIP **CLEARWATER, FL 33761**

5.1 TITLE **D** Change Addition
 5.2 NAME **JOHN R. HINDMAN**
 5.3 STREET ADDRESS **26750 US HWY 19 NORTH #500**
 5.4 CITY-ST-ZIP **CLEARWATER, FL 33761**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **PATEL** 4/9/99 727-797-7080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)