

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

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

04-15-1999 90092 017 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000108119**

1. Corporation Name  
**IMR SUB B CORP.**



Principal Place of Business	Mailing Address
26750 US HWY 19 N SUITE 500 CLEARWATER FL 33761	26750 US HWY 19 N SUITE 500 CLEARWATER FL 33761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>Applied For</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<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			
PATEL, DILIP 26750 US HWY 19 N SUITE 500 CLEARWATER FL 33761				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input type="checkbox"/> DELETE	1.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, DILIP	1.2 NAME	
STREET ADDRESS	26750 US HWY 19 N #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SATISH K. SANAN
STREET ADDRESS		2.3 STREET ADDRESS	26750 US HWY 19 NORTH #500
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT M. MOLSICK
STREET ADDRESS		3.3 STREET ADDRESS	26750 US HWY 19 NORTH #500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VINCENT ADDONISIO
STREET ADDRESS		4.3 STREET ADDRESS	26750 US HWY 19 NORTH #500
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOHN R. HINDMAN
STREET ADDRESS		5.3 STREET ADDRESS	26750 US HWY 19 NORTH #500
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: DILIP PATEL DATE: 4/9/99 DAYTIME PHONE #: 727-797-7080

CR2E034 (11/98)