

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F93000000996**

1. Corporation Name

MODEX IMPERIALAKES, INC.

Principal Place of Business

**1180 AVENUE OF THE AMERICAS
18TH FLOOR
NEW YORK NY 10036-8401**

Mailing Address

**1180 AVENUE OF THE AMERICAS
18TH FLOOR
NEW YORK NY 10036-8401**

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90007 038 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

4. FEI Number

13-3696463

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. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **TANSEY, FRANCES X**
CITY-ST-ZIP **50 GLENBROOK RD.
STAMFORD CT 06902**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LUSKI, DAVID**
CITY-ST-ZIP **64 CUSHMAN RD.
SCARSDALE NY**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **SUMMERS, BRIAN T**
CITY-ST-ZIP **132 SPRING VALLEY RD.
PARK RIDGE NJ**

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.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**FRANCIS X. TANSEY
C/O DRA ADVISORS, INC.
1180 AVENUE OF THE AMERICAS,
18TH FLOOR
NEW YORK, NY 10036**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**DAVID LUSKI
C/O DRA ADVISORS, INC.
1180 AVENUE OF THE AMERICAS,
18TH FLOOR
NEW YORK, NY 10036**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**BRIAN T. SUMMERS
C/O DRA ADVISORS, INC.
1180 AVENUE OF THE AMERICAS,
18TH FLOOR
NEW YORK, NY 10036**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

RECTORS IN 12

change ☐ Addition

change ☐ Addition

Change ☐ Addition

change ☐ Addition

Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

FRANCIS X. TANSEY

7/19/99

212 764-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)