

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **286669** (7)

1. Corporation Name
IMPERIAL WOODBURY, INC.

Principal Place of Business
**1815 N SURF RD
HOLLYWOOD FL 33019**

Mailing Address
**1815 N SURF RD
HOLLYWOOD FL 33019-3457**

3. Date Incorporated or Qualified 11/03/1964	3a. Date of Last Report 02/16/1996
4. FEI Number 59-1142585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TEITELBAUM, GERALD 1820 BAY ROAD MIAMI BEACH FL 33139		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEITELBAUM, GERALD	1.2 NAME	GAGNON, CAMILIE
STREET ADDRESS	1820 BAY ROAD	1.3 STREET ADDRESS	703 AVE. ROUTHIER, SAINTE-FOX, QUEBEC
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	G1X 3J8 CANADA
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALOZZI, DOMENIC	2.2 NAME	DECIUTIIS, CONNIE
STREET ADDRESS	1815 N SURF RD	2.3 STREET ADDRESS	612 SHAKER RD.
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	LONGMEADOW, MA 01106-2417
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOZZI, CHRISTIE	3.2 NAME	
STREET ADDRESS	1815 N SURF RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOLIZIO, JR. VINCENT	4.2 NAME	
STREET ADDRESS	1803 SHETLAND ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOZZI PALUMBO, LOIS	5.2 NAME	
STREET ADDRESS	1815 N. SURF RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUES, CLAUDE	6.2 NAME	
STREET ADDRESS	508 EDWARD STREET, HEARST, ONTARIO	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANADA PO	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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Teitelbaum Gerald Teitelbaum

2/28/97 305-5385669

CR2E034 (9/96)