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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 454033 (2)
1. Corporation Name
IMPERICO, INC.



Principal Place of Business

Mailing Address

3427 SE 2ND ST
OCALA FL 34471
US

P O BOX 7084
OCALA FL 34472
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3110 S.E. 3RD AVE.		26 Suite, Apt. #, etc.		06/03/1974	
22 City & State		27 City & State		4. FEI Number	
23 Ocala, FL		28 City & State		59-1616079	
24 Zip		25 Country		5. Certificate of Status Desired	
34471		U.S.		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGORY W PAQUIN
3427 SE 2ND STREET
OCALA FL
OCALA FL 34471

81 Name	GREGORY W. PAQUIN
82 Street Address (P.O. Box Number is Not Acceptable)	3110 S.E. 3RD AVE.
83	
84 City	OCALA
85 Zip Code	FL 34471

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	DANUFF, MORTON L	1.2 NAME	
STREET ADDRESS	584 SILVER COURSE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	DANUFF, LISA	2.2 NAME	
STREET ADDRESS	584 SILVER COURSE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PRESIDENT
NAME	PAQUIN, GREGORY W	3.2 NAME	GREGORY W. PAQUIN
STREET ADDRESS	3427 SE 2ND ST	3.3 STREET ADDRESS	3110 S.E. 3RD AVE.
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	JC 4/20
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	500002494505
NAME		6.2 NAME	-04/21/98--01013--024
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
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.

SIGNATURE

GREGORY W. PAQUIN

4-12-98 (121) 1-29-4009

CR2E034 (10/97)