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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 564156

(8)

IMPS CORPORATION

FILED
Apr 13 1998 8:00am
Secretary of State

Principal Place 3111 S.W. 271 PO BOX 3301	TH AVE.	Mailing Address 3111 S.W. 27TH AVE. PO BOX 330106	·	1,4,517,5111,5111,5145,1141,5115,11	ii 184 Sibii 1910 (1911 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (1914 (19
	ROVE FL 33133	COCONUT GROVE FL 33	133	DO NOT WRITE	IN THIS SPACE
j				3. Date Incorporated or Qualified	
<u> </u>				12/01/1977	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		59-1819138	Not Applicable
22	#, BIG.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<del></del>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
CO	RPORATION COMPANY OF M	IAMI	81 Name		
100	00 S.E. FIRST NATIONAL BAN	K BLDG	82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
MV	AMI FL 33131				
ì			83		
			B4 City		85 Zip Code
					FL
11. Pursuant to	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obj	502 and 607.1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the above-named con authorized by the corpora orida Statutes	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
ı adenilla					
SIGNATURE	Signature, typed or printed name of registered		E. Registered Agent signature requ		DATÉ
SIGNATURE	Signature, typed or printed native of registered OFFICERS A	agent and little if applicable (NOTE ND DIRECTORS	E Rogistared Agent signature requ		DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  IIILE	Signature, typed or profed name of registered OFFICERS A	agent and little if applicable (NOTE	E. Registered Agent signature requ	uired when reinstating)	DATÉ
SIGNATURE  12.  TITLE  NAME	Signature, typed or profed name of registered OFFICERS A PD DAVIES, GARTH H	agent and little if applicable (NOTE ND DIRECTORS	E Rogistared Agent signature requ	uired when reinstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  IIILE	Signature, typed or profed name of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE.	agent and little if applicable (NOTE ND DIRECTORS	13.	uired when reinstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or profed name of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL	egent and life if applicable (NOTE NO DIRECTORS DELETE	Hogistered Agent signature required 13.  1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or profed name of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S	agent and little if applicable (NOTE ND DIRECTORS	Hogistered Agent signature required:  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, hipsed or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE	egent and life if applicable (NOTE NO DIRECTORS DELETE	Hogistered Agent signature required 13.  1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	egent and life if applicable (NOTE NO DIRECTORS DELETE	Hogistered Agent signature required to the state of the s	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, hipsed or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE	Byent and life if applicable (NOTE NOTO DIRECTORS DELETE	Hogistered Agent signature required to the state of the s	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	egent and life if applicable (NOTE NO DIRECTORS DELETE	E Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	Byent and life if applicable (NOTE NOTO DIRECTORS DELETE	Hogistered Agent signature required to the state of the s	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	Byent and life if applicable (NOTE NOTO DIRECTORS DELETE	Hogistered Agent signature required to the state of the s	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CONTACTOR OF THE PROPERTY ADDRESS CITY-ST-ZIP	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	Byent and life if applicable (NOTE NOTO DIRECTORS DELETE	E Hogistered Agent signature roqu  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CONTACTOR OF THE PROPERTY ADDRESS CITY-ST-ZIP	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	Hogistered Agent signature required to the state of the s	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 4.5 NAME 4.5 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 4.5 NAME 4.5 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)	DATE  DERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hipsel or provided manus of registered OFFICERS A PD DAVIES, GARTH H 3111 S.W. 27TH AVE. COCONUT GROVE FL S GROSS, LOUISE 3720 POINCIANA AVE.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)	DATE  CERS AND DIRECTORS IN 12  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 informatio indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 or as a factment with an address.

SIGNATURE:

Laura Janes

3/20/98 (30x) 858.5/00