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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 581329

(0)

EXIMUS COMPANY

Principal Place		Mailing Address 12555 BISCAYNE BLVD.					
962 North Miami FL 33181 US		962 North Miami Fl 33181-2522 US		3. Date Incorporated or Qualified 08/07/1978	3a. Date of Last R 04/08/1996	eport	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1904013	^	oplied For of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 <i>/</i>	Additional	
City & State		City & State			6. Election Campaign Financing	Fee Re \$5.00	polited
23		28			Trust Fund Contribution	Added t	
Zip 24	Country 25	Zip	·-;		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No		
541	9, Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Reg		
POREMBSKI, JAN 12555 BISCAYNE BLVD. SUITE 962 NORTH MIAMI FL 33181			82 83 84	City	ess (P.O. Box Number is Not Acceptab	FL 85 Zip (Code
agent i ar Signature	m tamiliar with, and accept the obliga	tions of, Section 607.0505, F.	londa Statutes.		oration submits this statement for the pront is statement of the poor's board of directors. I hereby accep		s registered registered
12.	Signature, typed or printed name of registerile agen OFFICERS AND		TE: Registered Agent	signature require	ADDITIONS/CHANGES TO OFFICE	DATE	
TITLE	PD	DELETE	13.11111		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME POREMBSKI, JAN			1.2 NAME				
STREET ADDRESS	12555 BISCAYNE BLVD. SUITE NORTH MIAMI FL	962	13 STHEFT AD				
CITY-ST-ZIP TITLE	NUMIN MIAMI PL	DELETE	21 TITLE	7(P		Change	Addition
NAME			2.2 NAME			change	radioon
STREET ADDRESS			23 STREET AF	DDRESS			
CITY-ST-ZIP		w	2 4 City-St-	7(P			
TITLE		☐ DCLFTE	31 1111			Change	Addition
NAME CTOSES ADDDSSS			3.2 NAME				
STREET ADDRESS CITY-ST-ZIP			3 3 STREET AL				
TITLE			3.4. C(1) Y · S1 · Z(P) 4.1 T(1) LE			Change	Addition
NAME			4. 2 NAME			change	
STREET ADDRESS			4.3 STREET AD	DAFSS			
CITY-ST-ZIP			: 4.4 CHY-ST-	ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DEFFE	5.1 1mgf			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AC	DORESS			
CITY-ST-ZIP			54 CHY-S1-	7IP			
TITLE		DEFETE	6 t TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AD	IDRESS			
CITY-ST-ZIP	and the state of t	- 01 H	6.4 C/1Y-SI-3				
i nfor mation I a m an off	y certify that the information supplied in indicated on this annual report or sufficer or director of the corporation of a Block 12 or Block 13 if changed,	pplemental annual report is t he requiver or trustee empoy	true and accura vered to execut	piion stated ite and that i e this report	in Section 119.07(3)(i), Florida Statutes my signature shal-have the same legal as required by Chapter 607, Florida St	. I further certify that t effect as if made und atutes; and that my n	the der oath; that ame