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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 659791 (8)

1. Corporation Name  
I M R, INC.

Principal Place of Business  
1461 S OCEAN BLVD  
#305  
POMPANO BEACH FL 33062  
US

Mailing Address  
P O BOX 2508  
POMPANO BEACH FL 33072-2508  
US



3. Date Incorporated or Qualified 03/19/1980  
3a. Date of Last Report 01/25/1996

4. FEI Number 59-2012946  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
305 N. POMPANO BEACH BLVD.

2a. Mailing Address  
Suite, Apt. #, etc.

22. Suite, Apt. #, etc. 1011

23. City & State

23. City & State

24. Zip Country

24. Zip Country

26. Suite, Apt. #, etc.

27. City & State

27. City & State

28. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIELINSKI, ROBERT D.  
1461 S OCEAN BLVD #305  
POMPANO BEACH FL 33062

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

305 N. POMPANO BEACH BLVD

83. SUITE 1011

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ZIELINSKI, ROBERT D.  
STREET ADDRESS 1461 S OCEAN BLVD, #305  
CITY-ST-ZIP POMPANO BEACH FL

11. TITLE ☒ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS 305 N. POMPANO BEACH BLVD.  
14. CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VP  
NAME ZIELINSKI, PATRICIA A  
STREET ADDRESS 1461 S OCEAN BLVD #305  
CITY-ST-ZIP POMPANO BEACH FL

21. TITLE ☒ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS 305 N. POMPANO BEACH BLVD  
24. CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. 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 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: Robert D. Zielinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

954-942-2449

Date

Daytime Phone

CR2E034 (9/96)