

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

FILED

May 05 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 # F94000005920 (3)

1. Corporation Name
IMC SECURITIES, INC.



Principal Place of Business 3450 BUSHWOOD PARK DRIVE, SUITE #250 TAMPA FL 33618	Mailing Address 3450 BUSHWOOD PARK DRIVE, SUITE #250 TAMPA FL 33618-4447
---	--

3. Date Incorporated or Qualified 11/16/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3284026	Applied For 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 US	30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
83
84 City Plantation
85 Zip Code FL 33324

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 Statute.

SIGNATURE CT Corporation System

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

4-28-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEDRICK, CHARLES V	
STREET ADDRESS	200 LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202-3527	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, TIMOTHY W	
STREET ADDRESS	3450 BUSHWOOD PARK DRIVE, SUITE #250	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEGLER, MITCHELL W	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE #3104	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CEOS	<input type="checkbox"/> DELETE
NAME	NICHOLAS, GEORGE	
STREET ADDRESS	3450 BUSHWOOD PARK DRIVE, SUITE #250	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DPCO	<input type="checkbox"/> DELETE
NAME	MIDDLETON, THOMAS G.	
STREET ADDRESS	3450 BUSHWOOD PARK DRIVE, SUITE #250	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 *George Nicholas* (813) 932-2311

CR2E034 (9/96)