Applied For Not Applicable \$8.75 Additional

Added to Fees

☐ Yes

□No

FILED

Secretary of State

03-04-1999 90105 016 ***150.00

Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Mar 04, 1999 8:00 am

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005634

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

23

24

Zip

IMC FINANCIAL GROUP INC

| UNIO I HAMAOINE GITOOT I INC | • | DO NOT WRITE IN THIS SPACE | | |
|---|---|----------------------------------|----------|------------------------------|
| Principal Place of Business | Mailing Address | | | |
| 100 GRANDVIEW RD #207 BRAINTREE MA 02184 | 100 Grandview RD #207 Braintree Ma 02184 | | | |
| | | 3. Date Incorporated or Qualifed | | |
| | | 11/17/1995 | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | | Applied For |
| 21 | 26 | 04-3150753 | | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certifcate of Status Desired | - | 75 Additional ee Required |
| City & State | City & State | 6. Election Campaign Financing | \$5 | .00 May Be |

28

29

Zip

C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 Zip Code 84 Ì City

81 Name

Country

30

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 tit | te if applicable. (NOTE: Re | gistered Agent signature re | equired when reinstating) | DATE | |
|----------------|--|-----------------------------|---|---------------------------|------------|------------|
| 12. | OFFICERS AND DIF | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | D | XIX Change | ☐ Addition |
| NAME | CORCORAN, JOHN M | | 1.2 NAME | CORCORAN, JOHN M. | | |
| STREET ADDRESS | 90 CHURCH HILLS LN | | 1.3 STREET ADDRESS | 100 GRANDVIEW ROAD | | |
| CITY-ST-ZIP | MILTON MA 02186 | | 1.4 CiTY-ST-ZIP | BRAINTREE, MA 02184 | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D | XIX Change | Addition |
| NAME . | CORCORNA, P LEOAD | | 2.2 NAME | CORCORAN, P. LEO | | |
| STREET ADDRESS | 400 00418 (604 0040 | | 2.3 STREET ADDRESS | 100 GRANDVIEW ROAD | | |
| CITY-ST-ZIP | BRAINTREE MA 02184 | • | 2, 4 CITY-ST-ZIP | BRAINTREE, MA 02184 | | |
| TITLE | Р | ☐ DELETE | 3.1 TITLE | P/D | Z Change | ☐ Addition |
| NAME | HIGH, RICHARD J | | 3.2 NAME | HÍGH, RICHARD J. | | |
| STREET ADDRESS | BOLTON DD | | 3.3 STREET ADDRESS | 100 GRANDVIEW ROAD | | |
| CITY-ST-ZIP | HARVARD MA 02199 | | 3.4. CITY-ST-ZIP | BRAINTREE, MA 02184 | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | T/S | XIX Change | ☐ Addition |
| NAME | MURPHY, LAWRENCE J | | 4. 2 NAME | MURPHY, LAWRENCE J. | | |
| STREET ADDRESS | 100 GRANDVIEW ROAD | | 4.3 STREET ADDRESS | 100 GRÁNDVIEW ROAD | | |
| CITY-ST-ZIP | BRAINTREE MA 02184 | | 4.4 CITY-ST-ZIP | BRAINTREE MA 02184 | | |
| TITLE | S | XX DELETÉ | 5.1 TITLE | • | ☐ Change | Addition |
| NAME | EACOBACCI, ROSEMARY | | 5.2 NAME | | | |
| STREET ADDRESS | 100 GRANDVIEW ROAD | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRAINTREE MA 02184 | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| 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 of the receiver of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF AME OF GRINING OFFICER OR DIRECTOR