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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G09923

(5)

1. Corporation Name
IMPETCO CORPORATION

Principal Place of Business

~~234 KENT NORTH
WEST PALM BEACH FL 33417
US~~

Mailing Address

~~234 KENT NORTH
WEST PALM BEACH FL 33417-1728
US~~



2. Principal Place of Business

21 15856 Tangerine Blvd.

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee, FL

Zip

24 33470

Country

25 U.S.A.

2a. Mailing Address

26 15856 Tangerine Blvd.

Suite, Apt. #, etc.

27

City & State

28 Loxahatchee, FL

Zip

29 33470

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/30/1982

3a. Date of Last Report

04/10/1996

4. FEI Number

59-2254849

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

9. Name and Address of Current Registered Agent

~~SAMA, ANTHONY R.
234 KENT NORTH
WEST PALM BEACH FL 33417~~

10. Name and Address of New Registered Agent

81 Name R. Anthony Sama

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

83 15856 Tangerine Blvd.

84 City Loxahatchee

FL

85 Zip Code

33470

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

R. Anthony Sama, Pres.

4/4/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SAMA, ANTHONY
STREET ADDRESS 234 KENT NORTH
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DST
NAME RUBINOFF, EDWARD G
STREET ADDRESS 15220 SW 74TH PL
CITY-ST-ZIP MIAMI, FL 00000

TITLE V
NAME SAMA, PAT
STREET ADDRESS 234 KENT NORTH
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V
NAME RUBINOFF, ANN
STREET ADDRESS 15220 SW 74TH PL
CITY-ST-ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 15856 Tangerine Blvd.
1.4 CITY-ST-ZIP Loxahatchee, FL. 33470

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 15856 Tangerine Blvd.
3.4 CITY-ST-ZIP Loxahatchee, FL. 33470

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
5.4 CITY-ST-ZIP

6.1 TITLE
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:

R. Anthony Sama, President

4/4/97 (561) 792-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)