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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1998 8:00am

Secretary of State

BERTEIN BERTEIN

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G09923

(5)

IMPETCO CORPORATION

Principal Place of Business Mailing Address						1011 3 7011 01011 01011 1401
15866 TANGERINE BLVD LOXAHATCHEE FL 33470 US			15856 TANGERINE BLVD LOXAHATCHEE FL 33470 US		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
Octobiosi f	None of Dusiness	Lea Mallina Addina			11/30/1982	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			59-2254849	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	try	8. This corporation owes or has paid the curre	ent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent
SAMA, ANTHONY R.				81 Name		
15856 TANGERINE BLVD				Street A	ddress (P.O. Box Number is Not Acceptable)	
LOXAHATCHEE FL 33470				33		
				34 City	FL	85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorized	by the corpo	orporation submits this statement for the purpose of coration's board of directors. I hereby accept the apporation's	changing its registered intment as registered
SIGNATURE	Signature typed or prorad name of registered age	Alo	II. Danktand	A post signal as s	iquired when reinstating) DATE	
12.	OF LICERS AND		13.	Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITL	E		Change Addition
NAME	SAMA, ANTHONY	1.2 N		IF .		
STREET ADDRESS	15856 TANGERINE BLVD		1.3 STR	EET ADDRESS		
CITY - ST- ZIP	4 A 144 (4 A A 1 A A A 1 A A A A A A A A A A A A		1.4 CIT ¹	'-ST-ZIP		
TALE	DST	☐ DELFTE	2.1 TITL	F		Change Addition
NAME	RUBINOFF, EDWARD G		2.2 NAM	IE .		
STREET ADDRESS	10220 011 111111		2.3 STR	FET ADDRESS		
CITY-ST-7IP	MIAMI, FL 00000			Y-SI-ZIP		
TITLE	V	☐ DELETE	3.1 TITL		L	Change
NAME	SAMA, PAT	3.2 N/		ŀ		
STREET ADDRESS	15856 TANGERINE BLVD			EET AODRESS		
City-St-ZiP	LOXAHATCHEE FL	DELETE		r-ST-ZIP		Change Addition
1IILE	V PUBLISHE AND		4.1 1iTL		L	Outside Thyroginou
NAME CIDELT ADDIVISES	RUBINOFF, ANN		4. 2 NA			
STREET ADDRESS	15220 SW 74TH PL MIAMI, FL 00000		1	-ST-ZIP		
CITY-ST-ZIP TITLE	MILDON, FL VOUCO	DELETE	5.1 TiTL			Change Addition
NAME			5.2 NAN		-	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- \$1 - ZIP		
THLE		DELETE	6.1 TITL			Change Addition
NAME		en en	6.2 NAN			
,						

CITY-ST-ZIP

14. Thereby 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.