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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1990	BIVISION OF C	ONFORMIONS		'
1. Corporatio	MENT # G7838 IMAN-PEDERSEN, INC.	31 (2)			I 68811 8881 8181 8181 8181 188
Principal Plac	ee of Business	Mailing Address			<u> </u>
		-			
325 W. MAIN BABYLON N		325 W. MAIN ST. BABYLON NY 11702		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				01/10/1984	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		11-2537074	Not Applicable \$8.75 Additional
22	11, B.O.	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
	SENBAUM, W. BRICK	III negistoreu Agent	81 Name _		Ted Agoin
	RCLE WEST, WEBSTER BLDG.		- 1 1 Su	DEINHART, JOHN	
2671 EXECUTIVE CENTER, STE. 305			82 Street Addr	ess (P.O. Box Number is Not Acceptable) R CENTER, ELUS BU	ILDING
TALLAHASSEE FL 32301			183		_
			84 City	XECUTIVE CENTER DRIV	85 Zip Code
			1 721	LAHASSEE	FL 30 201
11. Pursuant	to the provisions of Sections 607.050	32 and 607,1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered
agent. I a	in familiar with, and accept the folio	ations of, Section 687.0595, Flor	ida Statutes.	_ /	- A A
SIGNATURE	I for the	Sugar,	Registered Agent signature requir	02/	02/98
12.	Signal Visped or profed name of registered ag	con and title if applicable (NOTE: ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	(A)	☐ DEL ete	1.1 TITLE	7.55.76.76.76.77.77.77.77.77.77.77.77.77.77.	☐ Change ☐ Addition
NAME	GREENMAN, STEVEN B.		1.2 NAME		
STREET ADDRESS	325 W. MAIN STREET		1.3 STREET ADDRESS		•
CITY-ST-ZIP	BABYLON NY 11702		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	BUONCORE, MICHAEL J.		2.2 NAME		
STREET ADDRESS	325 WEST MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BABYLON NY 11702	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		_ beer	3.2 NAME		C Change C Nation
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TATLE		ריין הנדכונ	6.1 TITLE		Change Addition
NAME PTOCET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST- ZIP		
DINI - DI * AFF 1			■ 0.5 OH 1 * OF 2 IF 1		

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 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:

FILED

Feb 26 1998 8:00am

Secretary of State