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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

_____1<u>9</u>98

DOCUMENT # J19862

(8)

INTERNATIONAL MANAGEMENT CORPORATION

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2655 N OCEAN DR 4100 NORTH OCEAN DRIVE SUITE 205 UNIT 1903 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 112 OLYMPUS Circle 59-2727444 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Gily & Stato City & State \$5.00 May Be 6. Election Campaign Financing \Box 28 Trust Fund Contribution Added to Fees Country ŽÜŠA 8. This corporation owes or has paid the current year Intangible 25 USA 29 334' 9, Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent KRAVETZ, GERALD 81 Name 4100 N. OCEAN DR. Street Address (P.O. Box Number is Not Acceptable) 82 SINGER ISLAND FL 93404 84 piter 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 registerest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition KRAVETZ, GERALD NAME 1.2 NAME 4100 N. OCEAN DR. 112 OLYMpus circle STREET ADDRESS 1.3 STREET ADDRESS SINGER ISLAND FL Jupiter, FL 33477 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition KRAVETZ, MARGARET NAME 2.2 NAME 112 OLYMPUS circle STREET ADDRESS 2.3 STREET ADDRESS JUDITER, FL 33477 CITY-ST-ZIP 2. 4 City-St-ZiP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change 4.1 TITLE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE 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 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.

CICHATURE

Margaret Kravet-

4/24/98 /5/17/3-6/12