

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90232 017 ***150.00

DOCUMENT # J19862

1. Corporation Name

INTERNATIONAL MANAGEMENT CORPORATION

Principal Place of Business

112 OLYMPUS CIRCLE
JUPITER FL 33477
US

Mailing Address

112 OLYMPUS CIRCLE
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1986

4. FEI Number

59-2727444

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8984 LAKES BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 8984 LAKES BLVD
Suite, Apt. #, etc.

23 City & State

WPB FL

28 City & State

WPB FL

24 Zip 33412 25 Country USA

29 Zip 33412 30 Country USA

9. Name and Address of Current Registered Agent

KRAVETZ, GERALD
112 OLYMPUS CIRCLE 8984 LAKES BLVD
JUPITER FL 33477 WPB, FL 33412

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME KRAVETZ, GERALD
STREET ADDRESS 112 OLYMPUS CIRCLE
CITY-ST-ZIP JUPITER FL 33477

TITLE D ☐ DELETE

NAME KRAVETZ, MARGARET
STREET ADDRESS 112 OLYMPUS CIRCLE
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME GERALD KRAVETZ
1.3 STREET ADDRESS 8984 LAKES BLVD
1.4 CITY-ST-ZIP WPB, FL 33412

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME KRAVETZ, MARGARET
2.3 STREET ADDRESS 8984 LAKES BLVD
2.4 CITY-ST-ZIP WPB, FL 33412

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Margaret Kravetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(561) 430-9545

Daytime Phone #

CR2E034 (11/98)