FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # J56433

(2)

Corporation IMPEDIA		()					
IMPENI	AL MOTORS, INC.						
Principal Place of Business Mailing Address				 		HOLE HOLD HIS DEAL	01011 91011 04041 01041 1001
11805 N. NEBRASKA AVE. TAMPA FL 33612 11805 N. NEBRASKA AVE. TAMPA FL 33612			AVE.				
					3. Date Incorporated or Qualifie		of Last Report
		·			02/11/1987	03	/28/1995
2. Principal Pla 21			a. Mailing Address		4. FEI Number 39-0010757		Applied For
		Suite Apt. #. etc.	ite, Apt. #, etc.				Not Applicable \$8.75 Additional
22		27	 1		5. Certificate of Status Desired		Fee Required
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees
Ζιρ 7.1	Country	Žιρ	Coun	lry	8. This corporation has liability (lor intangible ta ∕es □No	ix under s. 199.032,
24	25 9. Name and Address of Curr	29 ent Registered Agent	30	····	Florida Statutes 10. Name and Address of New	_	Agent
				1 Name	70.		
SHOLEH	HOSSEIN		_	2 Street Add	ress (P.O. Box Number is Not Accep	toblo)	
SHOLEH, HOSSEIN 15612 DEER GLEN DR.				Street Add	ress (F.O. Box Number is Not Accep	(athe)	
TAMPA F			E	13			
			ļ.	4 City			85 Zip Code
						FL	
11. Pursuant t	o the provisions of Sections 607.05 ed agent, or both, in the State of Ek	02 and 607.1508, Florida Statu orida, Such change was author	ites, the abovi	e-named corpo	ration submits this statement for the ird of directors. I bereby accept the a	purpose of cha	anging its registered office
familiar wit	th, and accept the obligations of, Se	ction 607.0505, Florida Statute	es.	. por unon o zoo	ard of directors. I hereby accept the a	ppomicrioni do	regional again. Fam
SIGNATURE _	Signatine typed or printed name of registered ag-						
12.	A COLOR OF THE PARTY OF THE PAR	IND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO C	DATE DEFICERS AND	DIRECTORS IN 12
FILE	PSTV	☐ DELETE	1 1 TITE	.Ē			Change Addition
NAME	SHOLEH, HOSSEIN		1.2 NAM	IE			
STREET ADERESS	15612 DEER GLEN DR		1 3 STR	EET ADDRESS			
CiTY-ST-ZiP	TAMPA FL		14 CITY	'-ST-ZIP			
TILE	DCMT	☐ DEFELE	2 1 111				Change Addition
NAME	SHOLEH, HOSSEIN	IELIA TOCE AL.	22 NAM				
STREET ADDRESS	15706-SCRIMSHAW BRIVE	IDDIX DEE GREN		EET ADDRESS			
CHY-S1-ZIP TILE	TAMPA FL , 33614	□ DELETE	3 1 TITU	-ST-ZIP		г	Change Addition
NAME		<u> </u>	3 2 NAM				
STREET ADDRESS				EET ADDRESS			
C(TY+\$1+Z/P)			3.4 City	'- ST-ZIP			
TILF		DELETE	4. 1 TITI	.F]	Change Addition
NAM:			4.2 NAM	IE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CAY-SI-ZP				-ST-ZIP			
TITLE		☐ DELETE	5 1 111			Ĺ	Change Addition
NAME ENDELL ADDRESS			5 2 NAM				
STREET ADDRESS				EFT ADDRESS			
C/TY-S1-7P TILE		[7] DELETE	6 1 TITE	-ST-ZIP .E			Change Addition
NAME		<u></u>	6.2 NAM			_	
STREET ADDRESS			1	EET ADDRESS			
CrTY-ST-ZIP			64 CITY	- ST - ZIP			
14. I do hereb	y certify that the information supplied the information indicated on this as	d with this filing is yoluntarily ful	rnished and d	oes not qualify t	for the exemption stated in Section 1	19.07(3)(k), Flo	rida Statutes, I further
oath; that	t the Miormation molecated on this ar I am an officer or director of the gor Block 12 or Block 13 if changet.	poration or the receiver or trust ir on an attachment with an ad-	lee empowere dress.	d to execute th	ate and that my signature shall have t is report as required by Chapter 607	, Florida Statut	es; and that my name

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OF DIRECTOR DIRECTOR SIGNATURE OF SIGNING OFFICER OF DIRECTOR DIRECTOR OF DIRECTOR OF DIRECTOR OFFICER OFFIC