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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J86513

(5)

FILED						
Mar 26 1998 8:00am						
Secretary of State						

EH ED

HUUU	IMPURIS, INC.				
Principal Plac	ce of Business	Mailing Address		{ 14001148 0101 10110 01101 01101 11000 4114 01031 011	IN ONON DIOM ENDIN DIOM (DO)
· ·	ILLYWOOD BOULEVARD	P O BOX 399			
	BCH, FL 32548	FORT WALTON BEACH	FL 32549	}	
US			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				08/11/1987	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2834372	Not Applicable
Suite, Apt	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible Yes No
24	25 9. Name and Address of Curre	29 Annt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
C.	RIMSLEY, JAMES W	I robintation whatit	81 Name	10' HRILLA BILLA CAMPIGOS AL HAZE LIABISTOLO:	
	· · · · · · · · · · · · · · · · · · ·				
25 WALTER MARTIN RD., NE FORT WALTON BEACH FL 32548			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
ru	INI TIMETON DEMON PE 32340		63		
			55		
			84 City	F	85 Zip Code
44 Durayant	to the provinces of Castons 607.05	00 and C07 1509 Florida Ctat	tutos the shave named on		
office or	registered agent, or both, in the Stat	e of Florida. Such change wa:	s authorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	opointment as registered
agent. I a	am familiar with, and accept the oble	gations of, Section 607.0505, I	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered as		OTE: Registered Agent signature red	guired when reinstating) DATE	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	ST	IX DELETE	1,1 TITLE	ST	Change Addition
NAME	HOUTS, RICHARD L.		1 1	AYCOCK, NANCY J	
STREET ADDRESS	295 BRIARWOOD CIRCLE		1.3 STREET ADDRESS	656 WILDWOOD ST	
CITY-ST-ZIP	FT WALTON BEACH FL		1.4 CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	V	DELETE	2.1 TiTLE	TART COTTLET IL OLOGS	Change Addition
NAME	HOOD, TAYLOR P.		2.2 NAME		
STREET ADDRESS	230 S.W. HOLLYWOOD BOL	JLEVARD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL		2. 4 CITY-ST-ZIP	the state of the s	
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	HOOD, ASHLEY A.		3.2 NAME		
STREET ADDRESS	PO BOX 2006 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	VAIL CO		3.4. CITY-ST-ZIP		
TITLE	P				
NAME	HOOD, A. PRESTON	☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS		DELETE			Change Addition
CITY-ST-ZIP	212 HOLLYWOOD BLVD, SW	- ·	4.2 NAME 4.3 STREET ADDRESS		Change Addition
		- ·	4. 2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE	212 HOLLYWOOD BLVD, SW	- ·	4. 2 NAME		Change Addition
TITLE	212 HOLLYWOOD BLVD, SW	1	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
TITLE NAME	212 HOLLYWOOD BLVD, SW	1	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	···	
TITLE NAME STREET ADDRESS	212 HOLLYWOOD BLVD, SW	1	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	···	
TITLE NAME	212 HOLLYWOOD BLVD, SW	1	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	212 HOLLYWOOD BLVD, SW	DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	212 HOLLYWOOD BLVD, SW	DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition

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.