

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 15, 1999 8:00 am
Secretary of State

04-15-1999 90092 014 ***150.00

DOCUMENT # K35234

1. Corporation Name
IMRGLOBAL CORP.



Principal Place of Business
26750 US HWY 19 N. STE. 500
CLEARWATER FL 33761
US

Mailing Address
26750 US HWY 19 N. STE. 500
CLEARWATER FL 33761
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/29/1988

4. FEI Number
59-2911475

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

PATEL, DILIP ESQ.
26750 US HWY 19 N, STE. 500
CLEARWATER FL 34621

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 PD ☐ DELETE
NAME SANAN, SATISH K
STREET ADDRESS 26750 US HWY 19 NO SUITE 500
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☐ DELETE
NAME SLOWGROVE, JEFFREY S
STREET ADDRESS 26750 US HWY 19 N, STE. 500
CITY-ST-ZIP CLEARWATER FL 33761

TITLE S ☐ DELETE
NAME PATEL, DILIP
STREET ADDRESS 26750 U.S HIGHWAY 19 NORTH, SUITE 500
CITY-ST-ZIP CLEARWATER FL 33761

TITLE V ☐ DELETE
NAME SRIDHARAN, KASI V
STREET ADDRESS 26750 US HWY 19 N SUITE 500
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VP ☐ DELETE
NAME DEAN, MICHAEL
STREET ADDRESS 26750 U.S HIGHWAY 19 NORTH, SUITE 500
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☐ DELETE
NAME LUTHIN, CHARLES
STREET ADDRESS 26750 US HWY 19 N, STE. 500
CITY-ST-ZIP CLEARWATER FL 33761

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director - D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

727-797-7080

Daytime Phone #

CR2E034 (11/98)