

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:59

DOCUMENT # **K71941** (4)

1. Corporation Name
IMPERIALAKES SALES, INC.

Principal Place of Business Mailing Address
% JAMES LONG
5950 IMPERIALAKES BLVD.
IMPERIALAKES FL 33860

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/10/1989	03/30/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2947608	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LONG, JAMES 5950 IMPERIALAKES BLVD. IMPERIALAKES FL 33860				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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, KENNETH	1.2 NAME	
STREET ADDRESS	5950 IMPERIALAKES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMPERIALAKES FL 33860	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES	2.2 NAME	
STREET ADDRESS	5950 IMPERIALAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMPERIALAKES FL 33860	2.4 CITY-ST-ZIP	
TITLE	DVST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSKI, DAVID	3.2 NAME	
STREET ADDRESS	1180 AVE. OF THE AMERICAS, 18TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036-8401	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JAMES	4.2 NAME	
STREET ADDRESS	5950 IMPERIALAKES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMPERIALAKES FL 33860	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIN, JAMES	5.2 NAME	
STREET ADDRESS	1180 AVE. OF THE AMERICAS 10TH FL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036-8401	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANSEY, FRANK	6.2 NAME	
STREET ADDRESS	1180 AVE. OF THE AMERICAS, 10TH FL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036-8401	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: JAMES B. LONG, J.P. 1/11/95 (813) 646-5066
Typed and typed on printed name of signing officer or director Date (Initials)