

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K82937 (9)  
1. Corporation Name  
IMBER & COMPANY, P.A.

Principal Place of Business  
16455 WEST DIXIE HWY  
NORTH MIAMI BEACH FL 33134  
US

Mailing Address  
16455 WEST DIXIE HWY  
NORTH MIAMI BEACH FL 33160-3710  
US



2. Principal Place of Business IMBER & COMPANY Certified Public Accountants 1031 North Miami Beach Boulevard North Miami Beach, FL 33162	2a. Mailing Address IMBER & COMPANY Certified Public Accountants 1031 North Miami Beach Boulevard North Miami Beach, FL 33162	3. Date Incorporated or Qualified 04/24/1989	3a. Date of Last Report 02/27/1996
24	25	26	27
28	29	30	31
9. Name and Address of Current Registered Agent IMBER, BARRY A. <del>10455 WEST DIXIE HWY</del> <del>NORTH MIAMI BEACH FL 33160</del>		10. Name and Address of New Registered Agent 81 Name BARRY A IMBER 82 Street Address (P.O. Box Number is Not Acceptable) Certified Public Accountants 1031 North Miami Beach Boulevard North Miami Beach, FL 33162 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.		4/17/97	

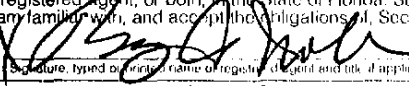
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMBER, BARRY A.  
~~10455 WEST DIXIE HWY~~  
~~NORTH MIAMI BEACH FL 33160~~

81 Name  
BARRY A IMBER  
82 Street Address (P.O. Box Number is Not Acceptable)  
Certified Public Accountants  
1031 North Miami Beach Boulevard  
North Miami Beach, FL 33162  
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 4/17/97

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	IMBER, BARRY A.	1.2 NAME	
STREET ADDRESS	5025 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33140	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE 

4/17/97

CR2E034 (9/96)