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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K82937

(9)

IMBER & COMPANY, P.A.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



164\$5 WEST I NORTH ATTAMI US	DIXIE HWY BEACH FL 33134	16455 WEST DIXTÉ HWY NORTH MIAMT BEACH FL 331 US	160-3710	3. Date Incorporated or Qualified	3a. Date of Last Report	-
		·		04/24/1989	02/27/1996	
ar Francipal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
		26	-	65-0109965	Not Applicable	익
IMBER & COMPANY Certified Public Accountants		27 IMBER & COMPANY		Certificate of Status Desired G. Election Campaign Financing	\$8.75 Additional Fee Required	
1031 North Miami Beach Boulevard North Miami Beach, FL 33162		28 1031 North Miami Ber	Certified Public Accountants 28 1031 North Miami Beach Boulevard North Miami Beach, FL 33162		\$5.00 May Be Added to Fees	
	25	29 30		8. This corporation has fiability for in	tangible tax under s. 199.032, Yes	
24]	9, Name and Address of Current Registered Agent			Florida Statutes 10. Name and Address of New Reg		
IMB	ER, BARRY A.	···	81 Name	BARRY A IMBER		7
,	55 WEST DIXIE HWY		82 Street A	Address (P.O. Box Number is Not Acceptable		7
- NORTH MIAMI BEACH FL 33160			83	Certified Public Accountants		
			63	1031 North Miami Beach Boulev		
			84 City	North Miami Beach, FL 3316	FI 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agont, or both, in the Stating familiar with, and accept the with	02 and 607.1508, Florida Statutes, c of Florida. Such change was aul gationsதி, Section 607.0505, Floric	The above-named perized by the corp la Statutes.	corporation submits this statement for the pi oration's board of directors. I hereby accep	rpose of changing its registered the appointment as registered	-
SIGNATURE	Signature, typed of reinty crane of register of		ng-stered Agent signature	_	7//7/9'/	
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	୍ରାହ
TITLE	P	DELETE	1.1 1II(E		Change Addition	96/6)
NAME	IMBER, BARRY A.	25 Collins Ave	1.2 NAME			8
STREET ADDRESS	-8701 SW-146 ST- 5 0	MI BEACH, FG 33140	1.3 STREET ADDRESS			ĺΫ
CITY-ST-ZIP	MAMIPL MIAI	TOLLE	1.4 CHY+ST+Z(P 2.1 THLE		Change Addition	_ <u>;;</u>
NAME		veri	2.2 NAME		Change Addition	
STREET ADDRESS			2.3 STREET ADORESS	•		
CITY-ST-ZIP			2 4 CHY-\$1-7IP			
TITLE		DELFTE	3.1 TIFLE	1	Change Addition	n
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY- \$1 - 2IF			
TITLE		[_] DELETE	4.1 TITLE		Change Addition	า
NAME	<u>-</u>		4. 2 NAME -			
STREET ADDRESS			4.3 STREET ADDRESS.			
CATY-ST-ZIP		Distric	4.4 CITY - ST - ZIP			_
TITLE		☐ DELETE	5.1 THE		Change Addition	1
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP TITLE		DÉLETE	54 CITY-ST-ZIP 61 TITLE		Change Addition	_
NAME		La peret	62 NAME	•	L_1 Change Appliful	<u> </u>
STREET ADDRESS						
CITY-ST-ZIP		į	6.3 STREET ADDRESS			
	by certify that the information suppli	ed with this filing does not qualify (6.4 City - \$1 - 7/P	alod in Section 119 07(3)(i). Florida Statutes	I further cortify that the	

I do never the first that the information supplied with this unity does not dealiny for the exemption stated in Section 119 07(3)(1). Florida Statules, 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 Statules; and that my name appears in Block 13 if classified, or on an attachment with an address. U/NBA