

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

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Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06901** (3)  
1. Corporation Name  
**IMX CORPORATION**



Principal Place of Business <b>2295 CORPORATE BLVD NW BOCA RATON FL 33431</b>	Mailing Address <b>2295 CORPORATE BLVD NW BOCA RATON FL 33431-7373</b>
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3. Date Incorporated or Qualified <b>07/29/1985</b>	3a. Date of Last Report <b>03/22/1986</b>
4. FEI Number <b>87-0394290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

g. Name and Address of Current Registered Agent  
**FORSTER, WILLIAM A.  
2809 NW 23 WAY  
BOCA RATON FL 33432**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<b>FORSTER, WILLIAM A</b>
STREET ADDRESS	<b>2295 CORPORATE BLVD NW, SUITE 131</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, JEANNE M</b>
STREET ADDRESS	<b>2295 CORPORATE BLVD NW, SUITE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	<b>GROSS, DAVID</b>
STREET ADDRESS	<b>2771 NW 28TH STREET</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	VCD <input type="checkbox"/> DELETE
NAME	<b>NATAN, DAVID A</b>
STREET ADDRESS	<b>5940 NW 56TH COURT</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BERG, JEFFRET H</b>
STREET ADDRESS	<b>2 FAIRHILL RD</b>
CITY-ST-ZIP	<b>EDISON NJ 08817</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>O'CONNOR, J. MICHAEL</b>
STREET ADDRESS	<b>4013 TAMARISK TRAIL</b>
CITY-ST-ZIP	<b>CRYSTAL LAKE IL 60012</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D/P/CEO/CFO/CB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Forster, William A.</b>
1.3 STREET ADDRESS	<b>2295 Corporate Blvd NW, Suite 131</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Wilson, Jeanne M.</b>
2.3 STREET ADDRESS	<b>2295 Corporate Blvd NW, Suite 131</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gross, David</b>
3.3 STREET ADDRESS	<b>2771 NW 28th Street</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Walt, David</b>
4.3 STREET ADDRESS	<b>55 Administration Road</b>
4.4 CITY-ST-ZIP	<b>Concord, Ontario, LAK4G9, Canada</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Berg, Jeffrey H.</b>
5.3 STREET ADDRESS	<b>2 Fairhill Road</b>
5.4 CITY-ST-ZIP	<b>Edison, NJ 08817</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  2/26/97 561 998 5660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)