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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # P15280 IMPORTS, INC.	(1)				
Principal Place 3212 NW 58 ST BOCA RATON I US	Т	Mailing Address 3212 NW 58TH STREET BOCA RATON FL 33496-250 US	<b>X</b> 3			
				3. Date Incorporated or Q 07/21/1987	1	Date of Last Report 1/26/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
	BASIN Dr	26		22-2353756		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status De	sired 🗌	\$8.75 Additional Fee Required
City & State	8	City & State		6. Election Campaign Fina	ancina	\$5.00 May Be
	2AY BCH	28		Trust Fund Contribution		Added to Fees
Zip	Country	Zφ	Country	8. This corporation has lia		_ p
24 3 34	9. Name and Address of Current		30	Florida Statutes  10. Name and Address of		No No
OUT	MANN, MELVIN H.	registered Agent	81 Name	10, realitie alla Auditose Ol	non nogleter	na regent
3212	2 NW 58TH STREET CA RATON FL 33496	B3 City	Address (P.O. Box Number is Not A 3 BASIN DR		*L   85   Zip Code   33y が3	
11. Pursuant t office or ri agent. Lai	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with and accept the obligat	ons of Section 607.0505, Flo	is, the above-named uthorized by the corp rida Statutes.	corporation submits this statement poration's board of directors. I here	for the purpose by accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature typed or pinted name of registered agents	coult out each cable INO16	Prince H. Gal. Begistered Agent signature	(7M & U U	// <del>Y</del>	197
12.	OFFICERS AND		13.	ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	GUTMANN, MELVIN H.		1.2 NAME	Or		
STREET ADORESS	3212 NW 58TH STREET		1.3 STREET ADDRESS	DELINAY BEH;	· -	10.162
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CITY - ST - ZIP	DETRAY ISENT	rc 3	S3 √ €3 □ Change □ Addition
TITLE		[ ] OFFE IE	2.1 TITLE 2.2 NAME			C Unange C Aumagn
NAME CIRCEL ADDRESS			2.3 STREET ADDRESS			
STREET ADDRESS  CITY+ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 Title	<del></del>		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3,3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-\$1-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME.			4, 2 NAME			
STREEL ADDRESS			4.3 STREET ADDRESS			
C-TY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 61 TITLE			Change Addition
NAME W		hand beening	6.2 NAME			Composition
STREET ADDRESS			6.3 STREET ADDRESS			
STILLET RESIDENCES			CA CITY OF TIP			

64 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEININ W CHAMMAN 1/4/97

561 2660230

**FILED** 

Jan 14 1997 8:00am

Secretary of State

Daytime Phone #

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