FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000078008 (8) DOCUMENT # IMPERIAL LAKES ESTATES INC. Principal Place of Business Mailing Address % GENERAL CABLE % GENERAL CABLE 360 CENTRAL AVENUE, SUITE 1290 ST. PETERSBURG FL 33701 360 CENTRAL AVENUE. SUITE 1290 ST. PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/08/199</u>3 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3265272 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CUETO, AGUSTIN 360 CENTRAL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1290** 83 ST. PETERSBURG FL 33701 Zip Code City 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 Signature, typed or printed name of requisioned agent and title if applicable, (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE 1.1 TITLE Change Addition **CUETO, AGUSTIN** NAME 1.2 NAME 360 CENTRAL AVENUE, SUIT 1290 STREET ADORESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELFTE 2.1 10 LE Change NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE ■ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

6.4 City - ST - ZiP 14. Thereby certify that the information supplied with this Mind cloes 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 ampfal 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 operation or the receipt it distinctions to the same legal effect as if made under oath; that I am an officer or director of the operation or the receipt it distinctions to the operation of the receipt it distinctions are supplemental ampfal report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altograph with an aridress.

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELFTE

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Addition

Addition