**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011054 (1)**

1. Corporation Name

**IMPERIAL PLAZA BUSINESS CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6767 N. WICKHAM RD.<br>SUITE 304<br>MELBOURNE FL 32940 | 6767 N. WICKHAM RD.<br>SUITE 304<br>MELBOURNE FL 32940 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6767 N. Wickham Road | 26 6767 N. Wickham Road |
| Suite, Apt. #, etc.<br>22 Suite 400 | Suite, Apt. #, etc.<br>27 Suite 400 |
| City & State<br>23 Melbourne, Florida | City & State<br>28 Melbourne, Florida |
| Zip 24 32940 Country 25 USA | Zip 29 32940 Country 30 USA |

4. FEI Number: 59-3222783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JONES, BRIAN M<br>6767 N. WICKHAM RD.<br>SUITE 304<br>MELBOURNE FL 32940 | 01 Name: Joseph J. Marcheso<br>02 Street Address (P.O. Box Number is Not Acceptable): 6767 N. Wickham Road, Suite 400<br>03<br>04 City: Melbourne FL 05 Zip Code: 32940 |

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
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | ~~President~~ - Director | ☑ Change ☐ Addition |
| NAME | JONES, BRIAN M | 12 NAME | Joseph J. Marcheso | |
| STREET ADDRESS | 6767 N. WICKHAM RD., SUITE 304 | 13 STREET ADDRESS | 6767 N. Wickham Road, Suite 400 | |
| CITY-ST-ZIP | MELBOURNE FL 32940 | 14 CITY-ST-ZIP | Melbourne, Florida 32940 | |
| TITLE | | 21 TITLE | ~~Vice President/Secretary-Treasurer~~ | ☑ Change ☐ Addition |
| NAME | | 22 NAME | Charine Lewis | |
| STREET ADDRESS | | 23 STREET ADDRESS | 6767 N. Wickham Road, Suite 400 | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | Melbourne, Florida 32940 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Charine Lewis 6-22-95 (407)242-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARINE LEWIS

0018045 CP