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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011054 (1)

IMPERIAL PLAZA BUSINESS CENTER, INC.

**FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business   STR N WOKHAM RD   STR WOKHAM RD STR WOKHAM RD   STR WOKHAM RD							' <b>11</b>
STE 400   MELBOURNE FL 32940   STE 200   MELBOURNE FL 32940   St. Does   DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					- regineer ind ferit dien detit oorbi dorii	BRISH HIRST HOSE WELD BILL BILL BILL
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   3. Sutc. Apt. #, etc.   59-3222783   Not Applicable   3. Sutc. Applicable   59-3222783   Not	STE 400 STE 400 MELBOURNE FL 32940 MELBOURNE FL 32940						N THIS SPACE
2. Applied For Engineer   2. Applied For Survey   2.	•		Ų3				
Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State Mind Address of New Registered Agent  City & State  Country  Countr	2. Principal P	lace of Business	2a. Mailing Address				Applied For
Sulte, Apt. #, etc.  27  City & State  28  City & State  City & State  29  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	21	26					<del></del>
City & State  Country  City & State  City & State  City & State  City & State  Country  C							\$0.75 Addistrict
28						6. Certificate of Status Desired	Fee Required
Zip			·				
28				Count	rv		
Solventian and Address of Current Registered Agent  JONES, BRIAN M  8767 N, WICKHAM RD.  STE 400  MELBOURNE FL 32940  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, Medical or period name of registerial agend and time in applicable.  POP	<u> </u>	<u>├</u> ¬ ′	<u> </u>				
8767 N. WCKHAM RD. STE 400 MELBOURNE FL 32940  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or brifty, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and acceptable obligations of, Section 607 0505. Florida Statutes  SIGNATURE    Signature   Marcheson   Marches							
STE 400 MELBOURNE FL 32940  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, agent, agent, and arrived the corporation's board of directors. I hereby accept the appointment as registered agent agent with, and accept the obligations of, Section 607 0505, Florida Statutes, florida Statutes	JO	NES, BRIAN M		8	1 Name		
### STEET ADDRESS CITY-ST-ZIP TITLE  ### STEET ADDRESS CITY-ST-ZIP TITLE  ### DELETE  #### DELETE  #### DELETE  #### DELETE  #### DELETE  #### DELETE  #### DELETE  ##### DELETE  #################################				8	2 Street Addr	ress (P.O. Box Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·
### City ###	STE 400						<u></u>
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and filling a pointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE    Signature   Triple	ME	ELBOURNE FL 32940		8	3		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and into Applicable.    Signature   Signature byted or public name of registered agent and into Applicable.   (NOTE Registered Agent				B	4 City		85 Zip Code
SIGNATURE Signature, bycod or puried name of registered agent and lates if applicable. (NOTE Begistered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS  TITLE  DP	44 Durament	to the previous of Continue (CCT O	00		<u>l</u>		FL ! ' I
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  DELETE  1.1 TITLE  MARCHESO, JOSEPH J.  STREET ADDRESS  G767 N. WICKHAM ROAD #400  1.3 STREET ADDRESS  G767 N. WICKHAM ROAD #400  1.4 CITY-SI-ZIP  TITLE  VPST  LEWIS, CHARINE  STREET ADDRESS  G767 N. WICKHAM RO STE 400  STREET ADDRESS  G179-SI-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  STREET ADDRESS  G179-SI-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  STREET ADDRESS  G179-SI-ZIP  TITLE  DELETE  3.1 TITLE  AMME  STREET ADDRESS  G179-SI-ZIP  TITLE  DELETE  3.1 TITLE  AMME  STREET ADDRESS  G179-SI-ZIP  TITLE  Change Addition  Addition  TITLE  AMME  STREET ADDRESS  G179-SI-ZIP  TITLE  DELETE  3.1 TITLE  AMME  STREET ADDRESS  G179-SI-ZIP  TITLE  Change Addition  Addition  Change Addition  Change Addition	office or re agent. I a	io the provisions or Sections 607.0: egistered agent, or both, iri the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Statut le of Florida. Such change was a gations of, Section 607.0505, Flo	es, the abo authorized t orida Statuti	ve-named corp by the corporat as.	poration submits this statement for the pur ion's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
12. OFFICERS AND DIRECTORS  TITLE  DP DELETE DP DELETE DP DELETE DP DELETE DELETE DP DELETE D	SIGNATURE						
TITLE DP DELETE 1.1 TITLE Change Addition  MARCHESO, JOSEPH J. 12 NAME  STREET ADDRESS 6767 N. WICKHAM ROAD #400 13 STREET ADDRESS  CITY-S1-ZIP MELBOURNE FL 14 CITY-S1-ZIP  TITLE VPST DELETE 21 TITLE Change Addition  NAME LEWIS, CHARINE 22 NAME  STREET ADDRESS 6767 N WICKHAM RD STE 400 23 STREET ADDRESS  CITY-S1-ZIP MELBOURNE FL 2.4 CITY-S1-ZIP  TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE  NAME 32 NAME  STREET ADDRESS 33 STREET ADDRESS  CITY-S1-ZIP DELETE 3.1 TITLE DELETE 3.1 TITLE ADDRESS  CITY-S1-ZIP ADDRESS  CITY-S1-ZIP ADDRESS 34. CITY-S1-ZIP  TITLE DELETE 41 TITLE ADDRESS 34. CITY-S1-ZIP					gent signature requir		
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TITLE   VPST			* ***				
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CITY-SI-ZIP 64 CITY-SI-ZIP	CITY-ST-ZIP						

14. Thereby 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