

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 AUG -4 AM 8:53

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000036569 (9)**

1. Corporation Name

IMPAX FLORIDA, INC.

Principal Place of Business

**2259 MARSEILLES DR.
PALM BEACH GARDENS FL 33410**

Mailing Address

**2259 MARSEILLES DR.
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 106 COMMODORE DRIVE	26 106 COMMODORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 JUPITER, FL	28 JUPITER, FL
Zip	Zip
24 33477	29 33477
Country	Country
25	30

3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last Report 03/15/1996
4. FEI Number 65-0495134	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
SOLOMONS, RAPHAEL 2259 MARSEILLES DR. - 106 COMMODORE DR. PALM BEACH GARDENS FL 33410 JUPITER, FL 33477	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	DPTS
STREET ADDRESS	SOLOMONS, RAPHAEL
CITY-ST-ZIP	2259 MARSEILLES DR. PALM BEACH GARDENS FL 33410
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	106 COMMODORE DRIVE
1.4 CITY-ST-ZIP	JUPITER, FL 33477
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	000002262230--2
2.4 CITY-ST-ZIP	-08/08/97--01127--001
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	****173.75 ****173.75
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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.

CR2E034 (4/97)

Bruce R. Mathias, P.C.

Certified Public Accountant

Ten Laurel Avenue

Wellesley Hills, MA 02181

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Telephone 617-237-3077

Fax 617-237-7887

July 30, 1997

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Impax Florida, Inc.

Please be advised that the Annual Report was previously filed in March, 1997. A copy of the Return and Check for \$173.75 is enclosed. A newly filed Annual Report is now enclosed as the original report appears to have been lost.

Thank you for your assistance. You may contact me at the above address or telephone number if you have any questions.

Yours truly,


Bruce R. Mathias, P.C.