

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040605 (5)

1. Corporation Name

IMPERIAL FIVE STAR CORP.

Principal Place of Business

285 GOOLSBY BLVD.
DEERFIELD BEACH FL 33442

Mailing Address

285 GOOLSBY BLVD.
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

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

BOYCE, DENNIS M
105 S NARCISSUS AVENUE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Bonnie Kesselman

82 Street Address (P.O. Box Number is Not Acceptable)

285 Goolsby Blvd.

83

84 City

Deerfield Beach

FL

85 Zip Code

33442

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

Bonnie Kesselman

Bonnie Kesselman

4-21-95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KESSELMAN, IRWIN
STREET ADDRESS 1866 WILDWOOD PLACE
CITY ST ZIP DEERFIELD BEACH FL 33442

TITLE D
NAME KESSELMAN, BONNIE
STREET ADDRESS 1866 WILDWOOD PLACE
CITY ST ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

TITLE
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

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Bonnie Kesselman Bonnie Kesselman

4-21-95

305-429-3900

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)