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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000048483 (9)

## IMI ACQUISITION OF ORLANDO CORPORATION

Principal Place of Business 165 RECADULAY

Mailing Address

100 DOGADINAY



SUITE 901 NEW YORK NY 10038		SUITE 901 NEW YORK NY 10038		Date Incorporated or Qualified     06/29/1994	3a. Date of Last Report 05/01/1995	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21		26	26		59-3265960	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del> -1		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	······································	Orty & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>Ζ</b> φ	Country		8. This corporation has liability for in	
24	25	29	30		Fiorida Statutes Yes	
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Re	egistered Agent
CORPO	ORATION SERVICE COMPAN	,	01	Name		
1201 HAYS ST. TALLAHASSEE FL 32301			82	Street Ad:	ddress (P.O. Box Number is Not Acceptable)	
			83			
·· —4 **	· · · · · · · · · · · · · · · · · · ·					
			84	City	-	FL 85 Zip Code
familiar with	n, and accept the obligations of Se	ection 607.0505, Florida Statute	ized by the corp is.	oration's bo:	ration submits this statement for the purp and of directors. Thereby accept the appo	ntment as registered agent. I am
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	I 1 MILE			CRANGE Addition
NAME	SCHILLER, LEWIS S 160 BROADWAY, SUITE 901 NEW YORK NY 10038		1.2 NAME			
STREET ADDRESS			1 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NEW TONK NT 10030	DELETE	14 Cily-S	T-ZIP		
NAME		[] OLLCIE	2 1 TIFLE			Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET	ADDRESS		
CITY-SI-ZIP						
TITLE		DELETE	2.4 QITY S 3.1 TIFLE	1 - Zir		Change Addition
NAME		•	3.2 NAME			
STREET ADDRESS			3.3 STHELT	ADDRESS		
CITY-ST-ZIP	NA		34 CHY S	r Z.P		
THILE		☐ DELETE	4. 1 THE	_ I		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STHEET	1		
CiTY-ST-ZIP TITLE		DELETE	4.4 CITY - S.	I ZiP	<u>00000179</u> -04/29/960102	7 790
NAME		CT NOTE IT	5 1 THLE		~U4/29/96~~U1U2 ***200.00	26035Change □ Addition
STREET ADDRESS			5.2 NAM( 5.3 STHEFT	ATRIDEIRO	***CUU.UU	
CITY-ST-ZIP			53 STREET	- 1		
TITLE		☐ DELF1€	6 1 TI*LE	- cir		Change
NAME			6.2 NAME			\A/ \n
STREET ADDRESS			6.3 STREET	ADDRESS		14.21
CITY-ST-ZIP			6.4 City - St	ZIE		(

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)(k). Floodia 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 resilient or Ituated empowered to execute this report as required by Chapter 607, Floodia Statutes; and that my name appears in Block 13 stemanged, one an all or many signatures with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 212-233-5023