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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF C	CORPORATIO	ONS 		
DOCUM 1. Corporation N	NENT # P9400	0053561 (4	·)			
	IM HOMES, INC.				A HERMARIA DIN HENRY EMERIK NEGIS NEGIS NEGIS	ANI ARAN KANDE DIKAR NIBBI RINAR UNARI KITE NATA
Principal Place o	of Business	Mailing Address				
4691 N. UNIVERSITY DR. SUITE 445 CORAL SPRINGS FL 33067		4691 N. UNIVERSITY I	DR.			
		SUITE 445 CORAL SPRINGS FL 3	22067			
CORAL SPRE	MGS FL 33067	OURAL SPRINGS FL	33007		3. Date Incorporated or Qualified	3a. Date of Last Report
	C (*)	Do Milwa Addross			07/18/1994 4. FEI Number	02/08/1995 Applied For
2. Principal Plac	oe of Business	2a. Mailing Address	ining Abdress		65-0508157	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27	L			Fee Required
City & State		28	Orty & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country		Zφ	Zip Country		8. This corporation has liability for	intangible tax under s. 199.032,
4	25	[29]	[30]			□ No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New R	egistered Agent
MADTIN	ielli, john				ddress (P.O. Box Number is Not Acceptable)	
	.W. 99TH LANE		82	Street Aoo	ress (P.O. Box Number is Not Acceptate	ne)
CORAL SPRINGS FL 33076			83			
			84	City		FL 85 Zip Code
11 Pure inni to	the provisions of Sections 607 0500	and 607 1508 Florida Statute	s the above.	hamed coura	oration submits this statement for the pur	rnose of changing its registered office
or registere	id agent, or both, in the State of Florid i, and accept the obligations of, Section	ta. Such change was authorize	ed by the corp	oration's boa	ard of directors. Thereby accept the app	ointment as registered agent. Lam
SIGNATURE .	r, and accept the obligations of, osee	O FOR JOSE, FRANCIA CHARGES.				
S	Signature, typeol or printed have a Directorest agost			il signature requi	eresi nordary	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13. DÉLETE 1 1 TUTO		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	ZWANGER, PAUL		1.2 NAME			_ , _
STREET ADDRESS	8121 BLUERIDGE LANE		+ 3 STR(EF)			
CITY-ST ZiP	PARKLAND FL 33067		1.4 CITY S1-7IP			
TITLE	d Martinelli, John A	DET E IE	2 1 1/112			Change Addition
NAME STREET ADDRESS	4855 N.W. 99TH LANE		2.2 NAMÉ 2.3 STRÉE	T ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076	ı	2.4 CiTy -			
TITLE	DESETE		3 1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				EL ADDRESS		
TITLE	☐ DELETE		4 1 IIT,E			Change Addition
NAME		******	4.2 NAME			
STREET ADDRESS			4 3 STR _E E	LADDRESS		
CITY - ST - ZIP		DELETE	4 4 C/TN -		MALE MATERIAL MATERIA	Change Addition
THTLE NAME		F1 or cure	5 1 TiT, F 5 2 NAME	1		T outside T virolifot
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP			54 CITY -	ST-7/P		
TITLE		☐ DELETE	6 1 TIT; E			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ET ADDRESS		
14. I do hereby	t y certify that the information supplied	with this filing is voluntarily furn	ished and do	es not qualify	for the exemption stated in Section 119	9 07(3)(k), Florida Statutes. I further
certify that oath, that I	the information indicated on this arm Lam an officer or director of the corps	ual report or supplemental anni pratium or the receiver or truster	ual report is t e empowered	rue and accur	rate and that my signature shall have the his report as required by Chapter 607, F	e same legal errect as it made under
appears in	Block 12 or Block 13 if chauced loc			·C^	1. 1. 1	
SIGNAT	URE: WW (_	, PAUL Z			4122196)
	SIGNATURE AND TYPED O	A PRINTED NAME OF SIGNING OFFICE	ER OR DIRECT Ó F	ì	Barto.	Daytime Phone #
	_					