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

PROFIT CORPORATION ANNUAL REPORT



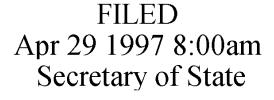
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000054859 (1)

Corporation Name IMI LTD. PARTNER ACQ. OF BOCA RATON, INC.



	Principal Flace of Business Mailing Address 160 BROADWAY 160 BROADWAY SUITE 901 SUITE 901 NEW YORK NY 10038 NEW YORK NY 10038-4201									
						3. Date Incorporated or Qualified 07/25/1994	3a. 04	18 of Last (27/1996	Report	
2. Principal P	ace of Business	26. Mailing Address	~1			4. FEI Number Applied			pplied For lot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	. 			5 Cortificate of Status Desired 58.			75 Additional e Required	
City & State	a	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be			
23 Zip	Country	28	Coi	intry	 	Trust Fund Contribution 8. This corporation has liability for in	tangible		to Fees	
24	25	29	30			Florida Statutes	Yes [] No		
^ለ	9. Name and Address of Curr			81	Name	10. Name and Address of New Reg	latered /	Agent		
CORPORATION SERVICE COMPANY 1201 HAYS ST.				ы	Name					
TALLAHASSEE FL 32301				82	Street Addr	ess (P.O. Box Number is Not Acceptabl	9)			
				83						
				84	City	, — — — — — — — — — — — — — — — — — — —	FL	85 Zip	Code	
SIGNATURE	Signaturi, Typad or printed name of registered a	agent and little if applicable. (NO				oration submits this statement for the pu on's board of directors. I hereby accept ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE			
THILE	SCHILLER, LEWIS S	☐ DELETE	1.1 [1	TLE				Change	Addition	
NAME	160 BROADWAY, SUITE 90	1	1.2 N							
STREET ADDRESS	NEW YORK NY 10038	·•			ADDRESS					
CHY-ST-ZIF TITLE	,	☐ DELETE	2.1 T		T-ZIP			Change	Addition	
NAME			2.2 N	AME	1					
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2.4 (3.1 Ti		ST-ZIP			Change	Addition	
NAMÉ :		C DECELL	3.1 7. 32 N)			CT Overige	rabitor	
STREET ADDRESS					ADDRESS					
CITY-ST ZIP			3.4. (ily-:	ST-ZIP			<u> </u>		
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NAME STREET ADORESS				IAME TOCET	ADDRESS					
CITY-St-ZIP				ITY-S	1					
TITLE		DELETE	5.1 Ti					Change	Addition Addition	
NAME			5.2 N	AMF						
STREET ADDRESS			1		ADDRESS					
CrTY+ST+ZrP		☐ DELETE			I - ZIP			Change	Addition	
TITLE NAME		⊢1 Derest	6.1 TI 6.2 N					mi cuande	Mailinii	
STREET ADJURESS					ADDRESS			•		
				ITY-S						

appears in Block 12 or Block 13 if changed, or

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR