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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000083356 (3)

IMP - EX FOREIGN COMPANY INTERNATIONAL, INC.

Principal Place of Business Mailing Address 9025 LEDGESTONE LANE 9025 LEDGESTONE LANE PORT RICHEY FL 34688-4940 PORT RICHEY FL 34688 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1994 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3281625 26 Not Applicable 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent g Name and Address of Current Registered Agent 81 Name **WOLNIK, HUBERT** 2795 34TH STREET S 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33711 83 64 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PVPS Addition DELETE 11 TITLE Change TITLE WOLNIK, HUBERT 1.2 NAME CR2E034 NAME 2795 34TH ST SO 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG 1.4 CITY-ST-ZIP CHY-SI-ZIP DELETE Change Addition 21 TITLE 1171 F 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZiP Dity - ST- ZIF DELETE Addition 3.1 TITLE ☐ Chand TITLE 3.2 NAME NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY - ST - Z(P CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY - ST- ZiP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TITLE 10118 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 5.4 CITY-ST-ZIP 7000021471@Fhange -04/17/97--01101--052 □ DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME \*\*\*165.00 6 3 STREET ADDRESS STREET ADDRESS 64 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

04-10-97

Daytime Phone # 0453819