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

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000051233
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IMPRIMATUR, Inc.

Principal Place of Business	Mæling Address
	P.O.Box 2888
	Palm Boadh, FL 33480

Principal Place of Business				Maling Address P.O.Box 2888 Polm Boadh, FL 33480						•	or Qualified		te of Last F	
2. Principal Pla	ace of Busine	ss	2a.						4. FEI Nu	mber	1995	Illia	ا زد بالد	Applied For
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Suite, Apt. i	#, etc.	3		Suite, Apt. #, etc.					5. Certific	ate of Stati	is Desired	П		5 Additional
22 City & State	ity & State City & State						6 Flection	n Campaigr) Financino		•••	Required		
23 W. Palm Beach, FL			FL 28]	und Contrit				00 May Be ed to Fees
Ziρ	(10)	Country		Zip @ 2 11 15 A		Country P.B	/		8. Thus co	prporation h	as hability for		tax under s	199.032.
24 33	40(25 P.B.	29	OSPEC	30	4.0	•			Statutes		□ No		
	9. Name	and Address of	Current Hegis	terea Agent	-	81	Nar	ne 1			ess of New F	legistered	Agent	
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						82	Stre	et Addres	s (P.O. Box			الله الله		
						83				D.7 W	7	V) 1 V		
						84	City						85 Z	ip Code
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 Pursuant to or register. 	o the provisioned agent, or t	ns of Sections 60 both, in the State:	7.0502 and 60 of Florida, Such	7.1508, Florida Statu i chance was authori	ites, the	above the com	named	Lcorporation's hoard	on submits I	this stateme	ent for the pu	rpose of ch	nanging its	registered office
familiar wit	h, and acced	the obligations of	f, Section 607	i change was authori 9505, Nor Ja Stavite	08				01 01 00 11 11 01	11,000,00	- 0		a registere	Cragont, ran
SIGNATURE _	Signature by edio	acoro on co	mooning	bet bluss	W	7					33 W	pol 19	Q C	
12.	Signature by 610	OF FICE	RS AND DIREC	numata	2 7 L F9/gr	13.	. S	inena , ired w	ADDITION	ONS/CHAN	IGES TO OFF	TOFRS AN	D DIRECTO	ORS IN 12
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CiTY-ST-ZIP	v certify that t	ne information sur	noted with this	filma is voluntarily for		6.4 CHY - S		aualifu for	the execution	on stated in	Section 110	(17/2VL) EI	orida State	toc I furting

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). 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 roceiver 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: (4

Occident les les 1 mm . Lettro Marine ther that, 12 alon 1996

CR2E034 (12/95)