

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000051233

1. Corporation Name

IMPRIMATUR, Inc.

Principal Place of Business

Mailing Address

P.O. Box 2888  
Palm Beach, FL 33480

2. Principal Place of Business

2a. Mailing Address

21 2433 S. Flagler Dr.

26 P.O. Box 2888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 W. Palm Beach, FL

28 Palm Beach, FL

24 Zip

25 P.B.

29 33480

30 P.B.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Jethro M. Hurt, III  
82 Street Address (P.O. Box Number is Not Acceptable) 2433 S. Flagler Drive  
83  
84 City W. Palm Beach FL 85 Zip Code 33401

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

Jethro M. Hurt, III

22 May 1996

12. OFFICERS AND DIRECTORS

TITLE President  
NAME Jethro M. Hurt, III  
STREET ADDRESS 2433 S. Flagler Drive  
CITY-ST-ZIP W. Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jethro M. Hurt, III

22 May 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)