SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. \* AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 19**9**8 DIVISION OF CORPORATIONS 98 JUL 27 AM 9: 28 DOCUMENT # P96000006330 (0) SECRETARY OF STATE TALLAHASSEE. FLORIDA IMR MANAGEMENT, INC. Mailing Address Principal Place of Business 26750 US HIGHWAY \$9 N SUITE 500 26750 US HIGHWAY 19 N SUITE 500 CLEARWATER FL 3421 CLEARWATER FL 34621 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1**99**6 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 59-3356110 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip 8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes No Country 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PATEL DILIP 26750 US HIGHWAY 19 N SUITE 500 CLEARWATER FL-34621 33761 82 Street Address (P.O. Box Number is Not Acceptable) 84 City Zlp Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE NAME **SAN**AN, SATISH K 1.2 NAME 1812 WOODCREEK DR N STREET ADDRESS 1.3 STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME **400002604** -07/31/99-**1** STREET ADDRESS 3.3 STREET ADDRESS **10**1114---011 CITY-ST-ZIP 3.4 CITY-ST-ZIP \*\*\*\*150.00 TITLE DELETE 4.1 TITLE \_\_ Change \_\_ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change \_\_\_ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 61 TITLE DELETE \_\_ Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SICK VIOLEN 3 1/39/21/18(83) 792-2080

SIGNATURE:

CR2E034 (5/98)



July 8, 1998

Division of Corporations Annual Reports Filings P. O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Ms;

Enclosed is the 1998 Corporation Annual Report for IMR Management, Inc. along with a check for \$150.00. I have also enclosed a copy of the 1998 Corporation Annual Report, which we mailed on April 28, 1998 along with check number 32577 dated April 16, 1998. I am doing this based on instructions received during a telephone conversation with a representative at the Florida Department of State.

Thank you for your assistance.

Sincerely,

Assistant Controller

Information Management Resources, Inc. 26750 U.S. Highway 19 North Sulte 500 Clearwater, Florida 34621

Tel.: (813) 797-7080 Fax: (813) 791-8152