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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019336 (2)

IMPERIAL COURTS INC.

Prince	cipal Place of Business
5121	IMPERIAL DRIVE
NEW	PORT RICHEY FL 34652

Mailing Address

5121 IMPERIAL DRIVE

NEW PORT RICHEY FL 34652-2406

FILED Mar 10 1997 8:00am Secretary of State

Date Incorporated as Qualified	-1	 f Loot D	

		3. Date incorporated or Qualified 02/29/1996	3a. Date o	f Last Re	port		
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number		Apr	olied For
21 5106	Imperial Drive	26 5106 IMD	perial Brive	59-336894	7	Not	Applicable
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		8.75 A Fee Rec	
City & State 23 New l		City & State 28 New Port R1	chey FL	Election Campalgn Financing Trust Fund Contribution		\$5.00 i Added to	•
Zip 24 340	Country 25 PASCO	Zip 29 3 46.52 30	Country PASCO	8. This corporation has liability for Florida Statutes	intangible tax Yes N		199.032,
	Name and Address of Current	Registered Agent		10. Name and Address of New Re	agistered Ager	nt	
GIAN	MMANCO, DEBRA		81 Name	DEBRA GIANN			
	IMPERIAL DRIVE		82 Street Addre	DEBRA GIAMMI BSS (P.O. Box Number is Not Accepta			
* :	PORT RICHEY FL 34652		51		BRIVE	e	
11211			83				
							
			84 City	D. A. Distant	FL 8	5 Zip C	1652 1652
44 Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-named corpo	rort Kichey		nging its	registered
office or re	registered agent, or both, in the State of the familiar with, and accept the obligations.	f Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby acce	pt the appointr	nent as r	egistered
agent. La	im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.				
SIGNATURE	<i></i>	rangement			3-4 DATE	<u>- 97</u>	
	Signature, typed or printed name of registered agent		legistered Agent signature require				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		Change	Addition
TITLE	President	☐ DELETE	1.1 TITLE		LJ	change	Modition
NAME	NEBRA GIOMNI	anco	1.2 NAME				
STREET AODRESS	5101 Imperial	DRIVE	1.3 STREET ADDRESS				
CITY-S1-7/2	NEW DORT RICH	EY FL 34652	1.4 CITY+ST+ZIP				
TITLE	DEBRA GIAMME 5106 Imperial NEW PORT RICH	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	•			
CITY-SI-7IP			2. 4 CITY-\$T-ZIP				
THE		DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3.2 NAME		_	. •	
STREET ACCORESS			3.3 STREET ADDRESS				
CITY -SI - ZIP		☐ DELETE	3.4. CITY - ST - ZIP			Change	Addition
THLE		☐ DELETE	4.1 TITLE		ப	Спанус	L) ADDITION
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY+ST-ZIF			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		U	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - S1 - ZiF			5.4 CITY - ST - ZIP				
TILE		☐ DELETE	6.1 TITLE			Change	Addition
ļ			62 NAME		فسب	•-	
NAME							
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - S1 - 7IP	1		6.4 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 appears in Block 12 or Block 13 if changed, or on an extrachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 848 5132