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 # 1. Corporation Name P96000025220 (0)

IMDAT, CORP.

FILED Jan 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 3501 SO. UNIVERSITY DRIVE STE 6 3501 SO. UNIVERSITY DRIVE STE 6					···-				
FORT LAUDER		FORT LAUDERDALE FL				,			
						3. Date incorporated or Qualified 63/18/1996	3a. Date of La	ist Report	
Principal Place of Business 2a. Mailing Address						FEI Number		Applied For	
1		26				65-0458568		Not Applicable	
Suite, Apl :	#, elg.	Suite, Apt. #, etc				5. Certificate of Status Desired		75 Additional e Required	
City & State	<u> </u>	City & State	·			Election Campaign Financing Trust Fund Contribution	\$ 5.	.00 May Be	
Zip	Country	Zip	Coun	lry		8. This corporation has liability for i			
1	25	29	30		,	Florida Statutes	Yes No	, ,	
	9. Name and Address of Cu	rrent Registered Agent		Nan		10. Name and Address of New Re	gistered Agent	 	
	A. GOMEZ P.A.	·	["	11 Nan	1 0				
801 BRICKELL KEY DRIVE STE 507 MIAMI FL 33131				32 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)			
MIA	MI PL 33131		1	13					
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			ľ	City			FL 85	Zip Code	
1. Pursuant 1	o the provisions of Sections 607.	0502 and 607 1508, Florida Stati	utes, the ab	ove-nam	ed corpo	ration submits this statement for the pin's board of directors. I hereby accep	urpose of changi	ng its registered	
agent, har	egistered agent, or both, in the a m familiar with, and accept the ol	tate of Florida, Such change was bligations of, Section 607.0505, F	s aumonzed Florida Statu	toy trie c tes.	orporatio	ins board or directors, rinereby accep	a the appointmen	it as teðisteted	
SIGNATURE									
12.	Signaturi Typen or princid name of registere	d agent and little if applicable (NO AND DIRECTORS	OTE: Reg stered	Agent signa	ture required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECT	TORS IN 12	
TITLE	D	DELETE	11 Titl	F	T .	ADDITIONS/OFFANGES TO OFFICE	Chai	····	
NAME	REED, RAYMOND		1.2 NA		-				
STREET ADDRESS	3501 SO. UNIVERSITY DRI	VE STE 6		eet adores	s l				
CITY-ST-ZIP	FORT LAUDERDALE FL 33			-ST-ZIP					
ITLE	0	DELETE	2.1 [1]				☐ Cha	nge 🔲 Additio	
NAME	SMESTER, RAYMOND		2.2 NA	ŧE	l				
STREET ADDRESS	3501 SO. UNIVERSITY DRI	VE STE 6	2.3 STR	EET AODRES	SS				
DITY-ST-ZIP	FORT LAUDERDALE FL 33	328	2. 4 CIT	Y-ST-ZIP					
ITLE	D	☐ DELETE	3.1 7171	E			☐ Cha	inge 🔲 Additio	
NAME	HOWARD, JAMES M		3.2 NAI	AE.					
STREET ADDRESS	3501 SO. UNIVERSITY DR		3,3 \$TF	EET ADDRE	SS				
CITY - ST - ZIP	FORT LAUDERDALE FL 33			Y-ST-ZIP		······································			
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NAME			4, 2 NA						
STREET ADDRESS			. 1	eet adore:	S				
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NAME			5.2 NAI						
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TITLE		<i>picti</i> 6					ال ال	TODIOU L. L. P.	
NAME			6.2 NA		.	•			
STREET ADDRESS				EET ADDRE	55				
CITY - S1 - ZIP	/		■ 64 CIT	/-ST-ZIP	1				

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 directly 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 13 if changed, or on an attachment with an address.

SIGNATURE!

Anesm. Howard 1/20197