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

PROFIT CORPORATION **ANNUAL REPORT**

1998

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000028563 (0)

Country

. Name and Address of Current Registered Agent

IMRC TECHNOLOGIES. INC.

ROMANO, HARRY A 5072 • 28TH PL. S.W.

NAPLES FL 34116

Principal Place of Business Mailing Address 5072 - 28TH PL. S.W. 5072 - 28TH PL. S.W. NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State

Zip

FILED May 13 1998 8:00am Secretary of State

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	DO NOT WRITE IN THIS SPACE		
	3. Date Incorporated or Qualified 03/26/1996		
	4. FEI Number		Applied For
	65-0711539	_	Not Applicable
	5. Certificate of Status Desired		\$8.75 Additional Fee Required
· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	This corporation owes or has personal Property Tax due June		irrent year Intangible
	10. Name and Address of New Ro	egistered	Agent
Name			
Street Add	dress (P.O. Box Number is Not Accepta	ble)	
City			es Zin Codo

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 (NOTE: Registered Agent's greature required when reinstating, Signature, typed or printed name of registered agent and the if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE **PCEO** Addition TITLE 1.1 TITLE Change Romano-Liza ROMANO, HARRY NAME 1.2 NAME 5072-28PL,50 5072 - 28TH PL. S.W. STREET ADDRESS 1.3 STREET ADDRESS Nuples, Fl. 34116 NAPLES FL 34116 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DEL ETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 7IP

Country

81 Name

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14. Thereby 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 trusted 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 interest address.

SIGNATURE: