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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

**FILED** May 13 1998 8:00am Secretary of State

1. Corporation	MENT # P9600006 IM SONS, INC.								
Principal Plac	e of Business								
9301 N	. Nebraska	9301 N. Neb	racka						
Tampa, FL 33612 Tampa, FL 33					DO NOT WRITE IN THIS SPACE				
zampa,	12 33012	14pa, 12 0			3. Date Incorporated or Qualified 08/02/96				7
2. Principal Place of Business 2a. Mailing Address			<del></del>		4. FEI Number	<del></del>		Applied For	1
21 26					59-3398780		<del></del>	Vot Applicable	}
Suite, Apt #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional Required	
City & Stat	0	City & State			6. Election Campaign Financing			<del></del>	┥
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		Zip Cou		у	8. This corporation owes or has paid the current year Intar		ntangible	7	
24	25 29							□ No	∦
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered	Agent	<del>-</del>	4
Ramon	Carrion, P.A.		0.	I INAMIE					1
28100 US 19 North, Suite 502			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
	water, Florida 3		83					<del></del>	┥
		- ,					· · · · · · · · · · · · · · · · · · ·		4
			84	City		FL	<b>85</b> Zir	Code	
11. Pursuant office or re agent. La	to the provisions of Sections 607,0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	e and 607.1508, Florida Statute of Florida. Such change was a trons of, Section 607.0505, Flo	es, the above authorized by orida Statutes	e-named corpora the corpora	poration submits this statement for the partion's board of directors. I hereby accept	ourpose o	f changing jointment as	its registered s registered	1
SIGNATURE									]
	Signature: typed or printed name of inglatered ages  OFFICERS AND			en: signature requ	red when reinstating)	DATE	DIDECTO	00.151.40	- 6
12.	r- <del></del>	DIRECTORS 13.			ADDITIONS/CHANGES TO OFFIC	SEHS AIVI	Change		
NAMF	President DELETE Omair Kohari		1.2 NAME	-			- Orlango		1 -
STREET ADDRESS			1.3 STREET	ADDRESS					OFFICE
CITY-ST-ZIP	Tampa, Florida 33647		1.4 CHTY - S	ST - 7(P					2
TITLE	Vice President	DELETE	2.1 TITLE				Change	Addition	75
NAME	Asim Kohari		2.2 NAME						
STREET ADDRESS	STATEST ADDRESS 15421 Plantation Caks Drive, #11			ADDRESS					
CITY-ST-ZIP			2 4 City - 5	ST-ZIP					_
TITLE	DELETE		3 1 TITLE	}			☐ Change	☐ Addition	1
NAME OTOGET LOODERS			3 ? NAME	LIDADECC					
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - 5 4 1 1/1LE	51-711			Change	Addition	┥
NAME			4 2 NAME						-
STREET ADDRESS			4.3 STREFT	ADDRESS			/	1	
CITY-ST-ZIP			4.4 CITY - S	31 - ZIP			/ /	/	
TITLE	DELETE		5 1 TITLE				Change	☐ Addition	1
NAME			5.2 NAME		<		5//	ک	
STREET ADDRESS			5.3 STREFT	ADDRESS		// ):	4/1_	ን	
CITY-ST-ZIP			5.4 CHY+S	1 - ZIP	/		<del>/</del>	<b>—</b>	4
TITLE	DELETE		6 1 TITLE		المستعدد والمستعدد		☐ Change	☐ Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STREFT	AUUBEGG	20000253 -05/15/98011	0 0	toai nog		
CITY-ST-ZIP			6.4 CITY-S	- 1	-US/15/98U17 	սԾ=Լ	JEJ		
2111 Q1 ER			9.19111		<del></del>				_

14. I hereby certify that the information supplied with this filling 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.

813/931-8622