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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| 00083552 |
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| 1. Corporatio | on Name | 00000002 | • | | | \ <u></u> | | | | |
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| IMI FN | TERPRISES OF TALLAH | ASSEE INC. | | | | | | | | |
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| 1647 SHARKEY STREET 1647 SHARKEY STREET | | | | | | | | | | |
| | | | | | | | NOT WRITE IN | THIS SPACE | | _ |
| i | | | | | | 3. Date incorporated | or Qualifed | | | Į. |
| | | | | | 09/26/1997 | | | | 4 | |
| | lace of Business TALL. Fl. 5 | | | 17 0 | | 4. FEI Number | | ⊢ | Applied For | 4 |
| | WOOD GATE WAY | | 2 AS | 72 | | 59-3470077 | | | Not Applicable | 4. |
| Suite, Apt. | . #, etc. | Suite, Apl | ı. #, etc. | | | 5. Certificate of Status | Desired | | Additional | |
| 22 | | 27 | | | | <u> </u> | | | Required | - |
| City & Stat | te | City & Str | ate ' | | | 6. Election Campaign | - 11 | | May Be | |
| 23 | | 28 | | | | Trust Fund Contrib | | | d to Fees | ــــــا |
| , Z.IP | Country Country | <u> </u> | _ | Country | | 8. This corporation ow | • | ar intangible Yes | E No | 1 |
| 24 | 25 | 29 | | 10 | | Personal Property 10. Name and Addres | | | BUILD | ┥ |
| | 9. Name and Address of C | urrent Registered Age | <u>mt</u> | B1 | Name | 10. Nathe alto Addres | S OF NOW ROUSE | arao Agone | | ┪ |
| GER | RELL, MICHAEL W | | | | Name JAn | nes E::MAIG | e In | | · · · · · | 4 |
| | 7 SHARKEY STREET | | | 82 | OD BOT MOOR | | Vot Acceptable): | 医抗抗毒素 | 1. 11 | |
| | LAHASSEE FL 32304 | | | 83 | 1521 | W 000 64TE | · way | 11. | · 4 · · · · | - |
| | 54100EE (F 5231) | | | اسا | TAIL. | FI. 32312 | 2_ | | | _ |
| | | - | | 84 | City | 1 | | FL 85 3 | 1312 | 7 |
| | to the provisions of Sections 60 | - 0600 1 007 4600 F | tankula Otabulaa | ** | 141 | antion submits this states | ant for the ourse | e of changing i | te maistered | ┨ |
| 11. Pursuant | to the provisions of Sections 60 registered agent, or both, in the improvision with and accept the company tamiliar with a company tami | 7,0502 and 607,1508, F State of Florida. Such ch | ionda Statutes iange was aut | horized by t | he corporation | n's board of directors. I he | reby accept the | ppointment as | registered | |
| | 3/-1 3 | 1 Name A Contract Oct Oc | | | | | _ | , | | |
| agent.la | | obligations or, Section 60 |)7.0505, Flond | da Statutes. | , | | 7120 | 199 | | 1 |
| agent. I a SIGNATURE | Can 2 m | | | | · | | 3/28 | 199_ | | |
| SIGNATURE | Signature, typed or printed name of register | ed agent and title if applicable. | | legistered Agent | algnature required | d when reinstating) | 31 <u>28</u> | <i>{ / /</i> | | 88 |
| SIGNATURE | Signature, typed or printed name of register/ | ed agent and title if applicable. | (NOTE: F | Registered Agent | · | | 31 <u>28</u> | <i>{ / /</i> | ORS IN 12 | 11/98) |
| SIGNATURE 12. (| Signature, typed or printed name or redpirer OFFICER | ed agent and title if applicable. | | legistered Agent 13. 1.1 TITLE | · | d when reinstating) | 31 <u>28</u> | S AND DIRECT | ORS IN 12 | 4 (11/98) |
| SIGNATURE 12. // TITLE NAME | Signature, typed or printed name of register OFFICER P MAIGE, JAMES E JR | ed agent and title if applicable. | (NOTE: F | 13. 1.1 TITLE 1.2 NAME | algnature required | d when reinstating) | 31 <u>28</u> | S AND DIRECT | ORS IN 12 | 5034 (11/98) |
| SIGNATURE 12. // ITILE NAME STREET ADDRESS | Signeture, typed or printed name of register OFFICER P MAIGE, JAMES E JR 1521 WOODGATE WAY | ed agent and title if applicable. | (NOTE: F | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | algnature required | d when reinstating) | 31 <u>28</u> | S AND DIRECT | ORS IN 12 | 2E034 (11/98) |
| SIGNATURE 12. (.) ITILE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of register OFFICER P MAIGE, JAMES E JR 1521 WOODGATE WAY TALLAHASSEE FL 32312 | ed agent and title if applicable. IS AND DIRECTORS | (NOTE: F | 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- | algnature required | d when reinstating) | 31 <u>28</u> | S AND DIRECT | ORS IN 12 | CR2E034 (11/98) |
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

AGNATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

850-93<u>3-375/</u>

Daytime Phone #