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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000011043 1. Corporation Name

IMPERIAL PLAZA, INC.

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90025 037 \*\*\*150.00



Principal Place of Business  127 EAST 59TH STREET SUITE 201B  NEW YORK NY 10022  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/02/1998  2. Principal Place of Business 21 36 E35 t 57th 5th 26 35 t 57th 26 35 t 57t
NEW YORK NY 10022  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 02/02/1998  2. Principal Place of Business 21 38 EDS ± 57 ** St 26 38 F-35 ± 57 ** St 4. FEI Number 22 Suite, Apt. #, etc. 23 Mailing Address 25 Suite, Apt. #, etc. 27 Mind Floor 28 New York 29 York 29 York 20 State 21 City & State 22 May York 23 New York 24 /00 22 25 May May Hay 29 / 100 22 30 May May Hay 100 22 10 Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Street Address (RO Box Number is Not Acceptable)
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 02/02/1998  2. Principal Place of Business 21 38 E35 t 57th 5t 26 38 F35 t 57th 5t 58 - 237 2769  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  28 New York  Country  Zip  Country  Zip  Country  Sip  Country  Sip  Country  Sip  Country  Sip  Country  Sig  Sig  Country  Sig  Sig  Country  Sig  Country  Sig  Country  Sig  Country  Sig  Sig  Country  Sig  Country  Sig  Country  Sig  Country  Sig  Sig  Sig  Country  Sig  Sig  Country  Sig  Country  Sig  Sig  Sig  Sig  Country  Sig  Sig  Sig  Sig  Sig  Sig  Sig  Si
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Applied For 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Third Floor 2. Apt. #, etc. 3. Suite, Apt. #, etc. 3. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Additional Fee Required 7. Fee Required 8. Trust Fund Contribution 8. This corporation owes the current year Intangible 7. Personal Property Tax. 9. Name and Address of Current Registered Agent 8. Name  BEDKE, MICHAEL A  8. Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired 3. Certificate of Status Desired 3. Election Campaign Financing 3. Frust Fund Contribution 3. This corporation owes the current year Intangible 3. Name 3. Name Address of New Registered Agent 3. Name 3. Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired 3. Certificate of Status Desired 3. Election Campaign Financing 3. Frust Fund Contribution 3. This corporation owes the current year Intangible 3. Name 3. Name Address of New Registered Agent 3. Name 3. Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.
22 Third Floor  City & State  Trust Fund Contribution  Added to Fees  Country  8. This corporation owes the current year Intangible  Personal Property Tax.  Personal Property Tax.  Personal Property Tax.  State  Name  BEDKE, MICHAEL A  State Address (P.O. Box Number is Not Acceptable)
23 New York NY 28 New York NY Trust Fund Contribution Added to Fees  Zip Country 8. This corporation owes the current year Intangible  24 /00 22 25 Manhattan 29 / 1002 30 Manhattan Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  81 Name  BEDKE, MICHAEL A  82 Street Address (P.O. Box Number is Not Acceptable)
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  81 Name  BEDKE, MICHAEL A  82 Street Address (P.O. Box Number is Not Acceptable)
24 /00 22 25 Manhattun 29 / MO22 30 Manhattun Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  81 Name  BEDKE, MICHAEL A  82 Street Address (P.O. Box Number is Not Acceptable)
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BEDKE, MICHAEL A  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
BEDKE, MICHAEL A
1 182) Street Address (P.C) Boy Number is Not Acceptable)
C/O RUDNICK & WOLFE
101 EAST KENNEDY BLVD SUITE 2000 83
TAMPA FL 33602
84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE Change Addition
NAME GOL, JANE STREET ADDRESS 127 EAST 59TH STREET SUITE 201B  12 NAME 13 STREET ADDRESS 28 East 57th Street Thind Flour
CITY-ST-ZIP NEW YORK NY 10022 1.4 CITY-ST-ZIP NEW YORK NY 10022
TITLE D DELETE 2.1 TITLE D Change Addition
NAME PEARLSTEIN, EDWARD  STREET ADDRESS 127 EAST 59TH STREET SUITE 2018  22 NAME PEARLSTEIN, EDWARD  22 NAME PEARLSTEIN, EDWARD  23 STREET ADDRESS 38 East 57 th 51. Thind Floor
STREET ADDRESS 127 EAST 59TH STREET SUITE 201B 23 STREET ADDRESS 38 EAST 57 th St. Think 17004
CITY-ST-ZIP NEW YORK NY 10022  2.4 CITY-ST-ZIP NEW YORK NY 10022  TITLE  Delete 3.1 Title  Change — Addition.
0.116.04.66
NAME GOLDFINGER, GLENN  STREET ADDRESS 127 EAST 59TH STREET SUITE 201B  32 NAME GOLDFINGER, GLENN  33 STREET ADDRESS 38 E35 57 57 57 71 1 1 1 1 1 1 1 1 1 1 1 1 1
NEW YORK BY 10000
CITY-ST-ZIP NEW YORK NY 10022 34. CITY-ST-ZIP NEW YORK NY 10022 Grange Addition
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City-St-ZIP 44 City-St-ZIP
CITY-ST-ZIP
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           5.2 CONFIGNATIONS OF SAME         5.2 CONFIGNATIONS OF SAME         5.2 CONFIGNATIONS OF SAME
A4 CITY-ST-ZIP
A4 CITY-\$T-ZIP
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A4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SISKATORE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR