FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:55

DOCUMENT # V22813 (2)

1. Corporation Name
IMBRIE DESIGN AND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5645 AMERICA DRIVE SARASOTA FL 34231	5645 AMERICA DRIVE SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992	3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0322138	☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

IMBRIE, WILLIAM
5645 AMERICA DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: (Registered Agent's signature required when mailed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	IMBRIE, WILLIAM	12 NAME	
STREET ADDRESS	5645 AMERICA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	IMBRIE, ABIGAIL L	22 NAME	
STREET ADDRESS	5645 AMERICA DR	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	IMBRIE, III W	32 NAME	
STREET ADDRESS	12 CRESSWELL GDNS;	33 STREET ADDRESS	
CITY ST ZIP	LONDON EN	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	IMBRIE, GEORGE L	42 NAME	
STREET ADDRESS	182 EAST HILL RD	43 STREET ADDRESS	
CITY ST ZIP	WILLISTON VT	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	IMBRIE, MARGARET F	52 NAME	
STREET ADDRESS	421 WEST 43RD ST APT 4E	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	IMBRIE, CAROLINE R	62 NAME	
STREET ADDRESS	RR# 1, BOX 95	63 STREET ADDRESS	
CITY ST ZIP	ST. MARIES ID	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: J Imbrie WILLIAM IMBRIE 1/10/95 813-924-4420
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0330113 CP