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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V55341 (4)

1. Corporation Name
IMA TOOL AND SAFETY SUPPLY CO., INC.

Principal Place of Business
7200 NW 56TH ST
MIAMI FL 33166

Mailing Address
7200 NW 56TH ST
MIAMI FL 33166-4202



3. Date Incorporated or Qualified 08/05/1992
3a. Date of Last Report 04/29/1996

4. FEI Number 65-0382781
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, SCOTT
7200 NW 56TH ST
MIAMI FL 33166

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

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
NAME SHERMAN, SCOTT
STREET ADDRESS 7200 NW 56TH ST
CITY- ST- ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY- ST- ZIP

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY- ST- ZIP

TITLE ☐ DELETE

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY- ST- ZIP

TITLE ☐ DELETE

10.1 TITLE ☐ Change ☐ Addition

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY- ST- ZIP

TITLE ☐ DELETE

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY- ST- ZIP

TITLE ☐ DELETE

12.1 TITLE ☐ Change ☐ Addition

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY- ST- ZIP

TITLE ☐ DELETE

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

TITLE ☐ DELETE

14.1 TITLE ☐ Change ☐ Addition

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY- ST- ZIP

TITLE ☐ DELETE

14. I do 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.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(305)
(888-5833)

CR2E034 (9/96)