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 # 838478

IMTRA CORPORATION

Principal Place of Business

Mailing Address

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90062 001 ***158.75



NEW BEDFORD MA 02745	30 SAMUEL BARNET BLVD NEW BEDFORD MA 02745	30 Samuel Barnet Blvd New Bedford Ma 02745				
	,			DO NOT WRITE IN THE	S SPACE	
			•	3. Date Incorporated or Qualifed		
2. Deinainal Plans of Division				05/24/1977		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			04-2137249	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22	27			5. Certifcate of Status Desired	Fee Required	
City & State	City & State			6. Election Campaign Financing		
23	28			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip C	ountry		8. This corporation owes the current year In		
25	29 30			Personal Property Tax.	☐Yes ☐No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
DICKSON, ED		81	Name			
700 WAVECREST AVE INDIALANTIC FL 32903		82	2 Street Address (P.O. Box Number is Not Acceptable)			
**************************************		83				
and he are the older to the		84	City	FL	85 Zip Code	
office or registered agent, or both, in the S	7.0502 and 607.1508, Florida Statutes, the state of Florida. Such change was authorized	above ed by t	-named corpo	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	changing its registered	

ept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.			
12.	OFFICERS AND DIRECTORS	(NOTE: F	Registered Agent signature req	
TITLE		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FARNHAM, WILLIAM H., JR.	_ pereie	1,1 TITLE	☐ Change ☐ Additio
STREET ADDRESS	1		1.2 NAME	
CITY-ST-ZIP	MARION MA		1.3 STREET ADDRESS	
TITLE	[,	DELETE	1.4 CITY-ST-ZIP	
NAME	BRAITMAYER, ERIC A	□ DETE IE	2.1 TITLE	Change Addition
STREET ADDRESS			2.2 NAME	
	1		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARION MA		2.4 CITY-ST-ZIP	
1.0	E 0 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME ,	ROGERSON, WILLIAM G.		3.2 NAME	
STREET ADDRESS	103 PICKNEY ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change 1 Addition
NAME .	ROGERSON, EDWARD S		4. 2 NAME	
STREET ADDRESS	231 RANDOLPH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, FRANCIS N		5.2 NAME	i i i i i i i i i i i i i i i i i i i
STREET ADDRESS	163 MATHEWSON RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI		5.4 CITY-ST-ZIP	
TITLE ,		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FARNHAM, CHARLES I		6.2 NAME	☐ Criange ☐ Addition
STREET ADDRESS	118 ALFRED DROWNE		6.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	*	64 CITY-ST-7IP	

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.