FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # 362628 (0)

1. Corporate Name
INNOVATIVE MANAGEMENT SYSTEMS, INC.

APPROVED AND FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
6100 HOLLYWOOD BLVD
STE 408
HOLLYWOOD FL 33024
US

Mailing Address
6100 HOLLYWOOD BLVD
STE 408
HOLLYWOOD FL 33024
US

3. Date Incorporated: 04/14/1970
3a. Date of Last Report: 03/25/1994

2. Principal Office of Business
21
Suite, Apt. #, etc.
22
City, State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
29 30

4. FEI Number: 59-2093458 — 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 taken advantage of the provisions of Section 607.0830, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GOLDFINE, IRV
15401 STRATHEARN DRIVE
DELRAY BEACH FL 33446

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 607.0505 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Irv Goldfine — 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CINA, SALVATORE
STREET ADDRESS	1541 LA COSTA DRIVE, EAST
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	T
NAME	CINA, NORA
STREET ADDRESS	1541 LA COSTA DRIVE, EAST
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	V
NAME	GOLDFINE, IRV
STREET ADDRESS	15401 STRATHEARN DRIVE
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	S
NAME	GOLDFINE, AVIS
STREET ADDRESS	15401 STRATHEARN DRIVE
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information reflected on the annual report or amended annual report is true and correct 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 that I have the authority to sign the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached sheet with other officers' names.

SIGNATURE: [signature] — 4/28/95 — 305-985-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0086413 CP