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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 362628

(0)

INNOVATIVE MANAGEMENT SYSTEMS, INC.

**15401 STRATHEARN DRIVE** 

**DELRAY BEACH FL** 

STREET ADDRESS

STREET ADDRESS City-St-Zip

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME FILED Apr 25 1997 8:00am Secretary of State

4.1									
Principal Place of Business Mailing Address						1 14 2:00 min distanting ante disestant	J1911 01011 01		919111941
BTE 408 HOLLYWOOD FL 33024 US		6100 HOLLYWOOD BLVD STE 408 HOLLYWOOD FL 33024-7981							
		U\$		<ol> <li>Date Incorporated or Qualified 04/14/1970</li> </ol>	lified 3a. Date of Last Report 04/19/1996				
2. Principal Place of Business		2a, Mailing Address			4, FEI Number		Ap	plied For	
21		26						t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t			
≵ Zip	Country	Ζφ	Con	intry		8. This corporation has liability for i	ntangiblę	tax under s.	199.032,
24	25	29	30			Florida Statutos	Yes 🗘	<b>₫</b> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registe			pistered A	Agent	
GOL	<b>DFINE, IR</b> V			81	Name				
15401 STRATHEARN DRIVE				82	Street Adr	ddress (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33446				-		, , , , , , , , , , , , , , , , , , , ,			
				83					
				84 City				85 Zip (	Code
• • • • • • • • • • • • • • • • • • • •				_	,		FL		
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	Mions of, Section 607.0505, F 가또	ites, the a authorize Torida Stat	bovo d by tutes	named con the corpora s.	rporation submits this statement for the pation's board of directors. I hereby acception	urpose of it the appo ' スレタフ	changing it oinIment as	s registered registered
	Signature, typed or printed name of registered ag-			d Ago	r t signature req	uired whon reinstating)	DATE	····	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	DELETE	1111					Change	Addition
,NAME	CINA, SALVATORE	•	1.2 N						
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CHY-\$1-7IP 2.1 TITLE				Change	Addition
TITLE	Ohia NODA	LJ Dittie						Change	Munition
NAME	CINA, NORA	1	2.2 N						
STREET ADDRESS	1541 LA COSTA DRIVE, EAST PEMBROKE PINES FL				ADDRESS				
CITY-ST-ZIP	PEMONUNE PINES FL	DILLETE			S1-ZIP			Change	Addition
TITLE	GOLDFINE, IRV	ET NICCIE	3 1 TI					L Vitalige	ROOMON
NAME	15401 STRATHEARN DRIVE		3.2 N		11:00:00				
STREET ADDRESS	DELRAY BEACH FL				ADDRESS				
CITY-ST-ZIP	8	DELETE	3.4. C 4.1 Ti		S1-2IF			Change	Addition
HILLE	OU DEINE AVIC	ריי הנינונ		HLU				The prompt	LT VORIGO

64 CITY-ST-ZIP

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 a man 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 or block 12 or block 13 or block 13 or block 12 or block 13 or block 13 or block 12 or block 13 or block 14 or block 14 or block 15 or bl

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - \$1 - ZIP

4.4 CITY- ST- ZIP

5.1 TITLE

6.1 THEF

6.2 NAME

whole line some ou

DELETE

DELETE

حوارمالا

054 905 1

Change

☐ Change

Addition

CR2E034 (9/96)