

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 558884
1. Corporation Name
AIM MANAGEMENT SERVICES, INC.

(3)



Principal Place of Business
BOX 350128
FT. LAUDERDALE FL 33335

Mailing Address
BOX 350128
FT. LAUDERDALE FL 33335

3. Date Incorporated or Qualified 02/06/1978	3a. Date of Last Report 03/14/1995
4. FLE Number 59-1779295	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. Subt. Apt. #, etc.	26. Subt. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SPENGLER, CRAIG
3231 SW 44 ST
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0802 and 607.1505, 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 607.0803, Florida Statutes.

SIGNATURE

Signature of principal officer or director of the corporation

Signature of Agent or new registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1. TITLE	☐ Change ☐ Addition
NAME	NASS, GLENN E	2. NAME	
STREET ADDRESS	7250 N E 4T AVENUE	3. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 00000	4. CITY-STATE-ZIP	
TITLE	PD	5. TITLE	☐ Change ☐ Addition
NAME	SPENGLER, CRAIG	6. NAME	
STREET ADDRESS	3231 SW 44 ST	7. STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE, FL 00000	8. CITY-STATE-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE		25. TITLE	☐ Change ☐ Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-STATE-ZIP		28. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG B SPENGLER

3-27-96 9549835740

CR2E034 (12/95)