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Feb 17 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 # 558884

(3)

1. Corporation Name

AIM MANAGEMENT SERVICES, INC.



Principal Place of Business

BOX 350128  
FT. LAUDERDALE FL 33335

Mailing Address

BOX 350128  
FT. LAUDERDALE FL 33335-0128

3. Date Incorporated or Qualified

02/06/1978

3a. Date of Last Report

04/01/1996

2. Principal Place of Business

21 3231 SW 44 ST

2a. Mailing Address

26 3231 SW 44 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT LAUDERDALE FL

City & State

28 FT LAUDERDALE FL

Zip

24 33312

Country

Zip

29 33312

Country

30

4. FEI 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

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

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

TITLE ~~ST~~ NASS, GLENN E  
NAME  
STREET ADDRESS 7250 N E 4TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ~~PD~~ SPENGLER, CRAIG  
NAME  
STREET ADDRESS 3231 SW 44 ST  
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE   
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE   
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE   
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE   
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CRAIG B SPENGLER, PRES, 1-15-97 954-8757410

CR2E034 (9/96)