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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

591438

(7)

IMS CORPORATION

Principal Place of Business

Mailing Address

2537 SHREWSBURY RD ORLANDO FL 32803 2537 SHREWSBURY RD ORLANDO FL 32903 FILED Apr 30 1998 8:00am Secretary of State



ORLANDO FL 32803		ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualified 10/27/1978	
	lace of Business	2a. Mailing Address		1 0	4. FEI Number	Applied For
21 2181 Countryside Court		2181 Countryside Court		59-1998194	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Orlar	ndo, Florida	28 Orlando,			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	-	intry	8. This corporation owes or has paid the	
24 32 804	25 USA	29 32804] 0E	JSA	Personal Property Tax due June 30.	Yes No
	e, Name and Address of Current	t Hegistered Agent		81 Name	10. Name and Address of New Registere	d Agent
	ARCHER, MARCIA CRANE			Name		
	7 SHREWSBURY RD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	LANDO, FL			83	Countryside Court	
328	03			83		
	•			84 City	,	85 Zip Code 32804
				Orlan	ido F	 ;
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State i m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was itions of, Section 607.0505, F	utes, the at authorize Torida Stat	oove-named corp d by the corporati utes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title diapplicable (NC	TE Registered	Agent signature require	red when reinstaling) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TU	ILE		Change Addition
NAME	STARCHER, MARCIA CRANE		1.2 N	ME .		•
STREET ADDRESS	2537 SHREWSBURY ROAD		1.3 \$7	REFT ADDRESS	2181 Countryside Court	
CITY-ST-ZIP	ORLANDO FL		1.4 CI		Orlando, Fl 32804	
TITLE	STV	DELETE	2.1 T)			Change Addition
NAME	STARCHER, MARCIA CRANE		2.2 N/	ME		
STREET ADDRESS	2537 SHREWSBURY ROAD		2.3 ST	REET ADDRESS	2181 Countryside Court	
CITY-ST-ZIP	ORLANDO FL		2 4 C	TY-ST-ZIP	Orlando, F1 32804	
TITLE	-	☐ DELETE	3 1 T)	ILE		☐ Change ☐ Addition
NAME			3 2 NA	ME		
STREET ADDRESS			3 3 ST	reet address		
CITY-ST-ZIP			3 4. C	TY - ST - ZIP		
TITLE	_	☐ DELET e	4.1 10	'LE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 Ci	TY-ST-ZIP		
TITLE		DELETE	5.1 Til	LE		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		
CITY-ST-ZIP			5.4 CI	TY - S1 - ZIP		
TITLE		☐ DELETE	6.1 111	LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-7IP			6.4.00	IV. S1. 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 13 if chapter 607, or on an assessment of the corporation of

Medico

Just car soud