FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H08312 (1)

1. Corporate Name
INVESTMENT MANAGEMENT SERVICES, INC.

Principal Place of Business
4543 N.W. 9TH AVE
FT. LAUDERDALE FL 33309
US

Mailing Address
4543 N.W. 9TH AVE
FT. LAUDERDALE FL 33309
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 06/18/1984
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: 65-0000074 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Electronic Filing Fee — $5.00 May Be Added to Fees

8. [illegible]

9. Name and Address of Current Registered Agent
BOUTIN, DIANE Y
5100 BAYVIEW DR 105
FT. LAUDERDALE FL 33308-0459

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOUTIN, DIANE Y.
STREET ADDRESS	5100 BAYVIEW DR 105
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	VPD
NAME	TAYLOR, COLIN G
STREET ADDRESS	5100 BAYVIEW DR #105
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	ESCOBAR, JOYCE
STREET ADDRESS	1620 SW 25TH STREET #1
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	VPD
NAME	MILLARD, DAIE R
STREET ADDRESS	2024 SW 15TH PLACE
CITY, ST, ZIP	DEERFIELD BEACH FL
TITLE	TD
NAME	MILLARD, THERESA B
STREET ADDRESS	2024 SW 15TH PLACE
CITY, ST, ZIP	DEERFIELD BEACH FL

13. ADDITIONS, CHANGES, OR DELETIONS

TITLE		Change / Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		X Change / Add
NAME	DELETE	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		X Change / Add
NAME	DELETE	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurately transcribed and does not conflict for the corporate status. Section [illegible] Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and correct and that my signature shall act as the signature of the officer or director of the corporation or the person or trustee empowered to execute the report as required by Chapter [illegible] Florida Statutes and that my name appears in Block 12 or Block 13 of the report or an attachment with an address.

SIGNATURE: Diane Y. Boutin — 4/28/95 — (305) 771-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

021026 CP