

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # **K35234** (9)

1. Corporation Name

INFORMATION MANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

26750 US HWY 19 N. STE. 500
CLEARWATER FL 34621

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CLEARWATER FL 34621



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1988		3a. Date of Last Report 04/11/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2911475		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOWGROVE, JEFFREY S
26750 US HWY 19 N. STE. 500
CLEARWATER FL 34621

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANAN, SATISH K	1.2 NAME	Nyhan, John B.
STREET ADDRESS	163 WOODCREEK DRIVE NORTH	1.3 STREET ADDRESS	3809 Old Mill Court, #275
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-STATE-ZIP	Palm Harbor, FL 34684
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOWGROVE, JEFFREY S.	2.2 NAME	Sridharan, Kasi V.
STREET ADDRESS	1019 RIDGEVIEW LANE	2.3 STREET ADDRESS	3839 Wildwood Court, #230
CITY-STATE-ZIP	PALM HARBOR FL	2.4 CITY-STATE-ZIP	Palm Harbor, FL 34684
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANAN, ANNE	3.2 NAME	Subhedar, Sunil P.
STREET ADDRESS	163 WOODCREEK DRIVE NORTH	3.3 STREET ADDRESS	3930 Fieldstone Court, #99
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-STATE-ZIP	Palm Harbor, FL 34684
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHIN, CHARLES C	4.2 NAME	Luthin, Charles C.
STREET ADDRESS	5808 CRUISER WAY	4.3 STREET ADDRESS	5808 Cruiser Way
CITY-STATE-ZIP	TAMPA FL 33615	4.4 CITY-STATE-ZIP	Tampa, FL 33615
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETKIND, ANDREW R	5.2 NAME	
STREET ADDRESS	366 STEEPLECHASE LANE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34684	5.4 CITY-STATE-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSYTHE, JEFFERY	6.2 NAME	
STREET ADDRESS	3206 MASTERS DR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Satish K. Sanan* **Satish K. Sanan, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (813) 797-7080

Date Daytime Phone

CR2E034 (12/95)