

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **K35234** (9)
1. Corporation Name
INFORMATION MANAGEMENT RESOURCES, INC.



Principal Place of Business
**26750 US HWY 19 N. STE. 500
CLEARWATER FL 34621**

Mailing Address
**26750 US HWY 19 N. STE. 500
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1988	
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PATEL, DILIP ESQ. 26750 US HWY 19 N. STE. 500 CLEARWATER FL 34621		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code FL 33761

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	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANAN, SATISH K	1.2 NAME	
STREET ADDRESS	26750 U.S. HIGHWAY 19 NORTH, SUITE 500	1.3 STREET ADDRESS	26750 U.S. Highway 19 North, Suite 500
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOWGROVE, JEFFREY S	2.2 NAME	
STREET ADDRESS	26750 US HWY 19 N. STE. 500	2.3 STREET ADDRESS	Clearwater, FL 33761
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, DILIP	3.2 NAME	
STREET ADDRESS	26750 U.S. HIGHWAY 19 NORTH, SUITE 500	3.3 STREET ADDRESS	Clearwater, FL 33761
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRIDHARAN, KASI V	4.2 NAME	
STREET ADDRESS	3839 WILDWOOD COURT, #230	4.3 STREET ADDRESS	26750 U.S. Highway 19 N. Suite 500
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	CFO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, MICHAEL	5.2 NAME	
STREET ADDRESS	26750 U.S. HIGHWAY 19 NORTH, SUITE 500	5.3 STREET ADDRESS	Clearwater, FL 33761
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHIN, CHARLES	6.2 NAME	
STREET ADDRESS	26750 US HWY 19 N. STE. 500	6.3 STREET ADDRESS	Clearwater, FL 33761
CITY-ST-ZIP	CLEARWATER FL 34621	6.4 CITY-ST-ZIP	

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3/23/98 813-797-7080

CR2E034 (10/97)