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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

K92412

(1)

1. Corporation Name
INTERNATIONAL MANAGEMENT AND ENGINEERING SERVICE
S. INC. (IMFS.)

S, INC.													
Principal Place of Business				Mailing Address								81817 <b>3</b> 1811	) <b>41311 41311 1831</b>
3414 EHRLICH RD. TAMPA FL 33618				3414 EHRLICH RD TAMPA FL 33618									
									05/26/19	orated or Qualifie 89		of Last // 19	
2. Principal Pla	ace of Busin	ess		2a. Mailing Address					4. FEI Number	PP04			Applied For
21 Suito Ant	t oto		26	Suite, Apt. #, etc.				59-295	0501			Not Applicable	
Suite, Apt. #, etc.				27					5. Certificate of	Status Desired			5 Additional Required
City & State				City & State					6. Election Carr				00 Мау Ве
Zip Country			28	Zip Country				Trust Fund C				led to Fees	
24	25		29	29 30		, '		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No					
	9. Name	and Address of Cu		tered Agent	1001	<del>-</del> T			10. Name and			Agent	<del></del>
						81	Name	)			-	. <del> </del>	
HALSEY, BETTY J.				<b>82</b> Stree			t Addres	ss (P.O. Box Numb	er is Not Accept	able)	<del></del>	·· · · · · · · · · · · · · · · · · · ·	
3414 EHRLICH RD. TAMPA FL 33618						83							
17 11 11 75 1	L 00010							-				·	
						84	City				FL	85 2	Zip Code
11. Pursuant t	to the provisi	ons of Sections 607.	0502 and 607	7.1508, Florida Statuti	es, the a	bove-n	amed c	corporat	ion submits this st	atement for the p	ourpose of cha	inging its	registered office
familiar wit	th, and acce	pt the obligations of,	Section 607.0	i change was authoriz 0505, Florida Statutes	zea by tri ŝ.	e corpi	oration :	s board	of directors. I here	oby accept the ap	opointment as	registere	d agent. I am
SIGNATURE .													
12.	Signature, typed	or printed name of registered					t a gnature	required v	when re-ristating)		DATE		
TITLE	D	OFFICERS	AND DIREC	DELETE	13	S. 1 TITLE		1	ADDITIONS/(	CHANGES TO O			
NAME	-	JAMES H.		precie		NAME					L	_) Change	Addition
STREET ADDRESS		RLICH RD					address						
CHTY-ST-ZIP	TAMPA F					CITY-S							
TITLE	D			DELETE		1 THLE	1 - ZIF	+				7 Change	Addition
NAME	HALSEY.	BETTY J.				NAME					_	7 01.10.00	
STREET ADDRESS		RLICH RD			1	-	address						
CITY-ST-ZIP	TAMPA F					CITY-SI							
TITLE	D			☐ DELETE		1 TITLE		<del> </del>				] Change	Addition
NAME	HALSEY,	MELANIE L			3.2	NAME					_		_
STREET ADDRESS		rlich RD			3.3	STREET	ADDRESS	;					
CITY-ST-ZIP	TAMPA F	E			3.4	CITY-ST	I - ZIP						
TITLE				DELETE		1 TITLE		1			Ī	] Change	Addition
NAME					4.2	NAME						-	_
STREET ADDRESS					43	STREET	ADDRESS						
CITY-ST-ZIP						CHTY-S1							
TITLE				DELETE		TITLE		1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		] Change	Addition
NAME					52	NAME							
STREET ADDRESS							ADDRESS						
CHTY+ST-ZHP						CITY-ST							ļ
TITLE				☐ DELETE	_	TITLE		1				) Change	☐ Addition
NAME					6.2	NAMÉ							ļ
STREET ADDRESS					6.3	STREET	ADDRESS						

CITY-ST-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 directly 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: \_

INATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/14/96

813-960-3396