

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L58407 (2)
1. Corporation Name
MODERN INVENTORY MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
1225 SE 4TH STREET CHIEFLAND FL 32626 US	5310 PENN CIRCLE JACKSONVILLE FL 32207-5044 US

3. Date Incorporated or Qualified 03/14/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3007890		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent

MIMS, A.J.
1225 S.E. 4TH ST
5310 PENN CIRCLE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent			
81	Name	MIMS, BETRINDA	
82	Street Address (P.O. Box Number is Not Acceptable)	5310 PENN CIRCLE	
83			
84	City	JACKSONVILLE	85 Zip Code
		FL	32207

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 BETRENDA mims Betrenda mims 4-24-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

42. OFFICERS AND DIRECTORS /

TITLE	D	X DELETE
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NAME	MIMS, A.J.
STREET ADDRESS	5310 PENN CIRCLE
CITY - ST - ZIP	JACKSONVILLE FL

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DIFFER
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.3 TITLE *P* ☐ Change ☒ Addition

1.2 NAME WEILACHER, DAVID R.
1.3 STREET ADDRESS 1404 N 11TH AVE
1.4 CITY-ST. ZIP JAX BEACH, FL 32250

2.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	MIMI, BETRINDA		
2.3 STREET ADDRESS	5310 PENN CIRCLE		
2.4 CITY-ST ZIP	JACKSONVILLE FL 32207		

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: David Wilachen 4-24-97 904 464 7382

CR2E034 (9/96)