SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 11:06

DOCUMENT # **M80335** **(6)**

1. Corporation Name
INTERNATIONAL MANAGEMENT STRATEGIES, INC.

Principal Place of Business	Mailing Address
U.S. HISTORY & 29TH RD. P. O. BOX 929 BRADFORD FL 32008 US	P. O. BOX 929 BRADFORD FL 32008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1988
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2937052 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 County — 25 Zip — 29 County — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEDEN, MICHAEL E.
ROUTE 2, BOX 818
BRANFORD FL 32008

10. Name and Address of New Registered Agent

81 Name: Michael E Peden
82 Street Address (P.O. Box Number is Not Acceptable): 27084 29th Road (Address Change)
83
84 City: Branford FL 85 Zip Code: 32008

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PEDEN, CHERYL S.	12 NAME	
STREET ADDRESS	P.O. BOX 246, NA	13 STREET ADDRESS	
CITY ST ZIP	BRANFORD FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	PEDEN, MICHAEL E.	22 NAME	
STREET ADDRESS	ROUTE 2, BOX 818	23 STREET ADDRESS	
CITY ST ZIP	BRANFORD FL 32008	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PEDEN, ONICE H.	32 NAME	
STREET ADDRESS	P.O. BOX 246, NA	33 STREET ADDRESS	
CITY ST ZIP	BRANFORD FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Cheryl S Peden 7/17/95 904-935-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cheryl S Peden

0122341 FF