

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

FILED

Apr 17 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M80335 (6)

1. Corporation Name
INTERNATIONAL MANAGEMENT STRATEGIES, INC.

Principal Place of Business

**27084 29TH RD
BRADFORD FL 32008
US**

Mailing Address

**27084 29TH RD
BRADFORD FL 32008-2120
US**



2. Principal Place of Business

21 527 Beckrich Rd.

Suite, Apt. #, etc.

22 Suite 114

City & State

23 Panama City Beach, FL

Zip

Country

24 32407

25

USA

2a. Mailing Address

26 527 Beckrich Rd.

Suite, Apt. #, etc.

27 Suite 114

City & State

28 Panama City Beach, FL

Zip

Country

29 32407

30

USA

9. Name and Address of Current Registered Agent

**PEDEN, MICHAEL E
27084 29TH RD
BRADFORD FL 32008**

3. Date Incorporated or Qualified

05/06/1988

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2937052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

☐

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes**

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Michael E. Peden

82

Street Address (P.O. Box Number is Not Acceptable)

527 Beckrich Road

83

Suite 114

84

City

Panama City Beach

FL

85

Zip Code

32407

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 type for printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEDEN, CHERYL S.	
STREET ADDRESS	P.O. BOX 246, NA	
CITY-ST-ZIP	BRADFORD FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	PEDEN, MICHAEL E.	
STREET ADDRESS	ROUTE 2, BOX 818	
CITY-ST-ZIP	BRADFORD FL 32008	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEDEN, ONICE H.	
STREET ADDRESS	P.O. BOX 246, NA	
CITY-ST-ZIP	BRADFORD 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peden, Cheryl S.
1.3 STREET ADDRESS	527 Beckrich Rd., #114
1.4 CITY-ST-ZIP	Panama City Beach, FL 32407
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peden, Michael E.
2.3 STREET ADDRESS	527 Beckrich Rd., #114
2.4 CITY-ST-ZIP	Panama City Beach, FL 32407
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cheryl S. Peden* **Cheryl S. Peden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

904-236-2384

Daytime Phone #

CR2E034 (9/96)