

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33503

1. Corporation Name

INDEPENDENT MOBILITY SYSTEMS, INC.

Principal Place of Business

4100 W. PIEDRAS  
FARMINGTON NM 87401

Mailing Address

4100 W. PIEDRAS  
FARMINGTON NM 87401

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90021 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1991

4. FEI Number

85-0355557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PLANK, DANIEL F  
160323 RED CEDAR DRIVE  
10830 S.W. 83RD AVE.  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

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

83

1200 S. PINE ISLAND ROAD

84 City

PLANTATION

FL

85 Zip Code

33324

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

*Dickie M. Prince*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS ANESI, GREG  
CITY-ST-ZIP 4100 WEST PIEDRAS  
FARMINGTON NM 87401

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS DUMAS, ROCKY  
CITY-ST-ZIP 4100 WEST PIEDRAS  
FARMINGTON NM 87401

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS THORNTON, JANET  
CITY-ST-ZIP 4100 WEST PIEDRAS  
FARMINGTON NM 87401

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS HART, TERRY  
CITY-ST-ZIP 4100 WEST PIEDRAS  
FARMINGTON NM 87401

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WEISBROD, RICK  
CITY-ST-ZIP 4100 WEST PIEDRAS  
FARMINGTON NM 87401

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

*TERRY HART*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(505) 326 4538

CR20234 (11/98)