

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 17 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P39972 (5)**  
1. Corporation Name  
**INVESTMENT SERVICES MANAGEMENT CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
~~XXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXX~~  
2960 Post Road 2960 Post Road  
Southport CT 06490 Southport CT 06490

3. Date Incorporated or Qualified 3a. Date of Last Report  
08/10/1992 11/07/1994  
4. FEI Number Applied For  
06-1347174 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  
6. The corporation has liability for intangible tax under C. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD MOUGHTY, JOHN J., JR. 191 POST ROAD WEST WESTPORT CT</b>	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVST LEE, CLARENCE V., III 191 POST ROAD WEST WESTPORT CT</b>	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP MOSKUSKI, THOMAS J. 8015 DELTA BLVD TALLAHASSEE FL X</b>	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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	
TITLE NAME STREET ADDRESS 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	
TITLE NAME STREET ADDRESS 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: Clarence V. Lee III 4/10/95 203-256-8585  
DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR