

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39972 (5)

1. Corporation Name

INVESTMENT SERVICES MANAGEMENT CORP.



Principal Place of Business

Mailing Address

2960 POST ROAD
SOUTHPORT CT 06490
US

2960 POST ROAD
SOUTHPORT CT 06490
US

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 20 N. ORANGE AVENUE

26 20 N. ORANGE AVENUE

4. FEI Number

06-1347174

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 610

27 SUITE 610

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 32801

Country

29 32801

Country

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

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

FL

85 Zip Code

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, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME MOUGHTY, JOHN J., JR.
STREET ADDRESS 191 POST ROAD WEST
CITY-ST-ZIP WESTPORT CT ☒ DELETE

1.1 TITLE D
1.2 NAME DONALD T. SENTERFITT
1.3 STREET ADDRESS 255 S. ORANGE AVENUE, SUITE 950
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32801 ☐ Change ☒ Addition

TITLE DVST
NAME LEE, CLARENCE V., III
STREET ADDRESS 191 POST ROAD WEST
CITY-ST-ZIP WESTPORT CT ☒ DELETE

2.1 TITLE P/D
2.2 NAME FRANK J. NELSON, JR.
2.3 STREET ADDRESS 20 N. ORANGE AVENUE SUITE 610
2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32801 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VIT/S
3.2 NAME TOM L. IVEY
3.3 STREET ADDRESS 20 N. ORANGE AVENUE, SUITE 610
3.4 CITY-ST-ZIP ORLANDO, FLORIDA 32801 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM L. IVEY

5/2/96

Date

(407) 843-1657

Daytime Phone #

CR2E034 (12/95)