

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

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

Principal Place of Business Mailing Address  
**20 N ORANGE AVE** **20 N ORANGE AVE**  
**SUITE 610** **SUITE 610**  
**ORLANDO FL 32801** **ORLANDO FL 32801-4604**  
**US** **US**



2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **05/09/1996**  
4. FEI Number **06-1347174** 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**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **FRANK J. NELSON, JR.**  
82 Street Address (P.O. Box Number is Not Acceptable) **255 S. ORLANDO AVE.**  
83 **SUITE 910**  
84 City **ORLANDO** FL 85 Zip Code **32802**

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 *Frank J. Nelson, Jr.* **FRANK J. NELSON, JR.** DATE **4-29-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>SENERFITT, DONALD T</b>           |                                 |
| STREET ADDRESS | <b>255 S ORANGE AVENUE SUITE 950</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                    |                                 |
| TITLE          | <b>PD</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>NELSON, JR F J</b>                |                                 |
| STREET ADDRESS | <b>20 N ORANGE AVE SUITE 610</b>     |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                    |                                 |
| TITLE          | <b>VTS</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>MEY, TOM L</b>                    |                                 |
| STREET ADDRESS | <b>20 N ORANGE AVE SUITE 610</b>     |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                    |                                 |
| 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           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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: *Frank J. Nelson, Jr.* **FRANK J. NELSON, JR.** DATE **4-29-97 (407) 843-1657**

CR2E034 (9/96)