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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200006404

1. Corporation Name

INFORMATION MANAGEMENT & SUPPORT SYSTEMS, INC.

Principal Place of Business	Mailing Address	
15410 S.W. 158TH ST. MIAMI FL 33187	15410 S.W. 158TH ST. MIAMI FL 33187	

FILED Feb 19, 1999 8:00am **Secretary of State**

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	ce of Business	Mailing Address				- I (MAISHAN SIN ISIN (INSI ANSII NAISI ANSII AN				
15410 S.W. 158TH ST. 15410 S.W. 158TH ST.										
MIAMI FL 33187 MIAMI FL 33187										
						DO NOT WRITE IN TH	S SPAC	;E		
						3. Date Incorporated or Qualifed 11/18/1992	•			
O Deinainal I	Diago of Business	O- Maritima Address				1 1/ 10/ 1992 4. FEI Number		Τ.		
	Place of Business	2a. Mailing Address				1 22	-		plied For	
21 Cuita Ant		26				65-0370890	<u>.</u>		t Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		i./5 A Fee Re	dditional quired	
City & Sta	ate	City & State				6. Election Campaign Financing	•	5 00	May Be	
23		28				Trust Fund Contribution		dded to		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	ntangibl	<u> </u>		
24	25	29	30			Personal Property Tax.	ΣŽΥ		□No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registere	d Agent	:		
41.00		<u> </u>		81	Name					
	LA, JOSE A			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	10 S.W. 158TH ST. MI FL 33187									
IMIN	IMI FL 3310/			83						
				84	City	F	85	Zip C	ode	
44 Durayani	t to the providing of Continue CO7.	3500 and 607 4500 Florida Chak				_		ina ita	intornal	
office or	registered agent, or both, in the Sta	ate of Florida. Such change was	authorized	l by t	the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the app	ointmen	t as req	istered	
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Stati	utes.	•	, , , , , ,				
SIGNATURE	·									
	Signature, typed or printed name of registered									
	OFFICERS		<u>`</u>	Agent	signature required	when reinstating) DATE				
12.	,	AND DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	PT		13.	TLE	signature required			ECTO	RS IN 12	
TITLE NAME	PT AVILA, JOSE A	AND DIRECTORS	13. 1.1 TII 1.2 N/	TLE WE						
TITLE	PT AVILA, JOSE A 15410 S.W. 158TH ST.	AND DIRECTORS	13. 1.1 TII 1.2 N/	TLE WE	ADDRESS					
TITLE NAME	PT AVILA, JOSE A 5 15410 S.W. 158TH ST. MIAMI FL 33187	AND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST	TLE WE	ADDRESS		□ CI	hange	Addition	
TITLE NAME STREET ADDRESS	PT AVILA, JOSE A 15410 S.W. 158TH ST. MIAMI FL 33187 VS	AND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST	TLE WE REET.	ADDRESS			hange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AVILA, JOSE A 15410 S.W. 158TH ST. MIAMI FL 33187 VS AVILA, GLENDA E	AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF	TLE ME REET. TY-ST	ADDRESS		□ CI	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT AVILA, JOSE A 15410 S.W. 158TH ST. MIAMI FL 33187 VS AVILA, GLENDA E	AND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CF 2.1 TP 2.2 NA	TLE TREET. TY-STITLE TME	ADDRESS		□ CI	hange	Addition	
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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.

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS