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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009714 (6)

INSTANT MANAGEMENT SYSTEMS INC.

Mailing Address Principal Place of Business 8300 W ATLANTIC BLVD 8300 W ATLANTIC BLVD MARGATE FL 33063-5131 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1992 07/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0380487 Not Applicable 21 26 Suite, Apt. #, etc. Suita, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No Zip Country Zip 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KHAN, FAZAL A 1435 N.W. 80TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 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 title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change TITLE 1.1 1111.6 KHAN, FAZAL A NAME 1.2 NAME 1435 N.W. 80TH WAY STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33322** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change ___ Addition 2.1 TITLE TITLE HUSSAIN, SHARIQ NAME 2.2 NAME 10830 N.W. 34TH PL. CORML SPRINGS, FL. 33065 632 N.E. 142ND ST. 2.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33161 CHTY-ST-ZIP DELETE 3.1 7/11/2 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - S1 - ZIP DELETE Change Addition TITLE 4 1 101 E NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z)P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7P DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with the information indicated on this annual teport or suppleme I am an officer or director of the configration or the receippears in Block 12 or Block 13 if changed, or on an appears in Block 12 or Block 13 if changed, or on an appears in Block 12 or Block 13 if changed, or on an appears in Block 12 or Block 13 if changed, or on an appears in Block 13 if changed, or on an appears in Block 12 or Block 13 if changed, or on an appears in Block 12 or Block 13 if changed in the Block 13 if changed in the

veport or supplementa pration or the receive

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the innual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name most pure an address.

FILED

Apr 25 1997 8:00am

Secretary of State