

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 08 1997 8:00am
Secretary of State

DOCUMENT # P94000068492 (5)

1. Corporation Name

IMS-INTEGRATED MANUFACTURING SERVICES, INC.



Principal Place of Business

**888 LAS OLAS BOULEVARD
SUITE 210
FT. LAUDERDALE FL 33301**

Mailing Address

**P.O. BOX 486
SUITE 210
FARMINGTON CT 06034
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

06/05/1996

4. FEI Number

65-0523704

Applied For

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4400 N. Federal Hwy

2a. Mailing Address

26 P.O. BOX 921

Suite, Apt. #, etc.

22 Suite 210

Suite, Apt. #, etc.

27 Farmington, CT

City & State

23 Boca Raton, FL

City & State

28 Farmington, CT

Zip

24 33431

Country

25

Zip

29 06034

Country

30 Hartford

9. Name and Address of Current Registered Agent

**CHARLSE, SHERI STEIN ESQ.
NORTH & STEIN, P.A.
301 YAMATO RD., SUITE 1190
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
FAZZONE, PETER R
888 LAS OLAS BOULEVARD STE 210
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

**VD
FAZZONE, PETER JR
888 LAS OLAS BOULEVARD STE 210
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

**PD
TESTANERO, NICHOLAS
888 LAS OLAS BOULEVARD STE 210
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

**VD
MENCIO, TRACY
888 LAS OLAS BOULEVARD STE 210
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Same as # 2**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Same as # 2**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **# 2**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **# 2**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Tracy Mencion

7/31/97

CP2E034 (4/97)