

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000068492 (5)**
1. Corporation Name

IMS-INTEGRATED MANUFACTURING SERVICES, INC.

FILED
Jul 15 1998 8:00am
Secretary of State



Principal Place of Business
**4400 N. FERDERAL HWY
SUITE 210
BOCA RATON FL 33431
US**

Mailing Address
**P.O. BOX 921
FARMINGTON CT 06034
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/16/1994

4. FEI Number

65-0523704

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

Tracy Mencia

(NOTE: Registered Agent signature required when reinstating)

7/6/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FAZZONE, PETER R**
STREET ADDRESS **440 N. FEDERAL HWY STE 210**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ DELETE

NAME **FAZZONE, PETER JR**
STREET ADDRESS **400 N. FEDERAL HWY STE 210**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PD** ☐ DELETE

NAME **TESTANERO, NICHOLAS**
STREET ADDRESS **4400 N. FEDERAL HWY STE 210**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ DELETE

NAME **MENCIO, TRACY**
STREET ADDRESS **4400 N. FEDERAL HWY STE 210**
CITY-ST-ZIP **BOCA RATON FL**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

No longer an officer

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.

SIGNATURE:

Tracy Mencia

6/16/98 8101678-4247

CR2E034 (5/98)