

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060545 (7)

1. Corporation Name

I.M.S. ENTERPRISES OF FLORIDA, INC.



Principal Place of Business

633 EAST ORANGE ST.
TARPON SPRINGS FL 34689

Mailing Address

633 EAST ORANGE ST.
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

21 633 East Orange St.
Suite, Apt. #, etc.

2a. Mailing Address

22 633 East Orange St.
Suite, Apt. #, etc.

4. FEI Number

59-3337627

Applied For

Not Applicable

23 City & State

24 Tarpon Springs FL
Zip 34689

27 City & State

28 Tarpon Springs, FL
Zip 34689

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHNEIDER, RONALD
633 EAST ORANGE ST.
TARPON SPRINGS FL 34689

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 of the individual or the individual or the individual

Signature of the individual or the individual or the individual

Signature

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/VP/P
SCHNEIDER, RONALD
633 EAST ORANGE ST.
TARPON SPRINGS FL 34689

2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

2. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

3. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

4. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

Ronald H. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96 (813) 938-8562

CR2E034 (12/95)