FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012209 (8)

I.M.S. TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

FILED Feb 24 1998 8:00am Secretary of State



4611 S UNIVERSITY DRIVE. #111 4611 S UNIVERSITY DRIVE. #111 DAVIE FL 33328 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0640867 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 WONG, RICHARD 4611 S UNIVERSITY DRIVE, #111 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33328** 83 City Zip Code 85 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 Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or pricted name of registered agent and life if apply able (NOTE Flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TOLE WONG, RICHARD 1.2 NAME NAME 14321 SW 47TH CT 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33330 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1-ZIP CITY-SY-ZIP DELFTE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP Addition DELETE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP Addition DELETE Change TITLE 61 TIFLE 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 armual 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 of 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

SIGNATURE: