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

PROFIT **CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000009846 (1)

I.R.M.S., INC.

Principal Place of Business

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



2191 ROCKLE ROOKLEDGE		2191 ROCKLEDGE DRIVE ROCKLEDGE FL 32955			3. Date Incorporated or Qualified	N THIS SPACE	
2. Principal Pi	ace of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26 PO BOX SOUY 85			59-3428239		Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1 1	
City & State	)	City & State	f Fi	_	Election Campaign Financing     Trust Fund Contribution		
Zip 24	Country 25	29 32956-0485 3	Country 10 (Separk	tro	Personal Property Tax due June 3	io. 🔲 Yes	ar Intangibla Mo
	9. Name and Address of Curren	t Registered Agent			10, Name and Address of New Reg	Istered Agent	
	uutila, robert w II	## POCKLEDGE FL 32955    DO NOT WRITE IN THIS SPACE					
2191 ROCKLEDGE DRIVE ROCKLEDGE FL 32955							
			83				
			84	City		FL B5	Zip Code
SIGNATURE	Signature, typod or printed name of registered age	nt and title if applicable (NOTE:	Registered Ag		ured when reinstating)	1/20	
12.					ADDITIONS/CHANGES TO OFFICE		
TITLE	D PARTIELLA DODCOT WAI	L'3 necese	;				ilige Li Nuoli
NAME	KNUUTILA, ROBERT W II 2191 ROCKLEDGE DRIVE		•	T ADDRESS			
STREET ADDRESS  CITY-ST-ZIP	ROCKLEDGE FL 32955		1				
TITLE	D	DELETE		01 211		Ch	ange 🔲 Addi
NAME	KNUUTILA, ROBERT W		2.2 NAME				
STREET ADDRESS	2191 ROCKLEDGE DRIVE		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955	T propre		ST-ZIP		T Ch	ange Addi
TITLE	D OLARY OFOROE D. ID	□ DETEIE	1			[] (1)	ange 🗀 woo
NAME express appropries	CLARK, GEORGE D JR 3161 DUNHILL DRIVE			T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	COCOA FL 32926						
TITLE	AAAAA I E AEGEA	DELETE				Ch	ange 🔲 Addi
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			_	ST-ZIP			
TITLE		L) DELETE				∟ Ch	iange 🔲 Addi
NAME							
STREET ADDRESS							
CITY-\$T-ZIP TITLE		DELETE		31-211		Ch	iange 🔲 Addi
NAME							
STREET ADDRESS			1				
CITY-ST-ZIP			64 C/TY-	ST-ZIP			

14. Thereby 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 trusted 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 altachment with an address.