

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90081 027 ***150.00

DOCUMENT #

1. Corporation Name

INTERNATIONAL MANAGEMENT
MARKETING SERVICES, INC

Principal Place of Business

Mailing Address

812 FAIRFIELD AVE
KENILWORTH, NJ 07033

c/o K. FAIGENBAUM

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-1-98

4. FEI Number

22-3574939

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

2. Principal Place of Business

21 315 N 57th St

2a. Mailing Address

26 1134 N. 35th St

Suite, Apt. #, etc.

22 19 D

Suite, Apt. #, etc.

27 19 D

23 New York, NY

28 Allentown PA

24 10019

25 USA

29 18104

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREW BALOG, Esq
3300 N.E. 192ND ST.
STE 1109
ADVENTURA, FLORIDA 33180

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME VERNON H. FRAENKEL
STREET ADDRESS 315 W. 57th St
CITY-ST-ZIP NY NY 10019

☐ DELETE

TITLE Susan Lent Secretary
NAME SUSAN LENT
STREET ADDRESS 216 MASSACHUSETTS ST
CITY-ST-ZIP WESTFIELD, NJ 07090

☐ DELETE

TITLE Asst Secretary
NAME HILLARY FRAENKEL
STREET ADDRESS 601 LEHIGH AVE
CITY-ST-ZIP WESTFIELD, NJ 07090

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 212 245 5430

CR2E034 (11/98)