

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S51318

1. Entity Name
I.M.S. CONSULTANTS, INC.



FILED

04 APR 23 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1705 NW 108TH AVE.
PEMBROKE PINES, FL 33026

Mailing Address
1705 NW 108TH AVE.
PEMBROKE PINES, FL 33026-2273 US



04232004 Chg-P CR2E034 (10/03) 04

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0267413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURCK, NORMAN G.
1705 NW 108TH AVE.
HOLLYWOOD, FL 33026-2273

Name
X Laverne K. Comerie - Turck

Street Address (P.O. Box Number is Not Acceptable)
1705 NW 108 Ave

City
Pembroke Pines

FL

Zip Code
33026-2273

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X Laverne K. Comerie - Turck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TURCK, NORMAN, G
1705 NW 108TH AVE.
PEMBROOK PINES, FL 33026 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400035723994
05/06/04--01071--022 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
COMERIE-TURCK, LAVERNE K
1705 NW 108TH AVE.
PEMBROOK PINES, FL 330262273 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pembroke Pines FL 33026-2273 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Laverne K. Comerie - Turck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 (954)432-8808

Date

Daytime Phone #