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

DOCUMENT # S93467 1. Corporation Name

INDUSTRIAL MAINTENANCE SERVICES, CORP.

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90008 019 ***150.00



Principal Place	of Business	Mailing Address					
3371 SW 3RD ST. DEERFIELD BCH. FL 33442		3371 SW 3RD ST. DEERFIELD BCH. FL 33442					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	ı
						11/12/1991	ı
Dringing Di	ace of Rusiness	2a. Mailing Address				4. FEI Number Applied For	
2. Principal Place of Business		26				65-0304783 Not Applicable	١.
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
-		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing S5.00 May Be	l
23		28				Trust Fund Contribution Added to Fees	l
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	
25		29 30				Personal Property Tax.	ĺ
[9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	l
				81	Name		l
	ina, edgar o	£127 1.		82	Street Add	dress (P.O. Box Number is Not Acceptable)	l
	ייוס מונט אוני	* N.C.				the state of the s	l
DEE	RFIELD BCH. FL 33442			83		· · · · · · · · · · · · · · · · · · ·	
				84	City	85 Zip Code	ĺ
					•	poration submits this statement for the purpose of changing its registered	
agent. I ai	m familiar with, and accept the obligations of registered age					ired when reinstating) - (1.5.2.) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
TITLE	D	· DELETE	1.1 TI	TLE		☐ Change ☐ Addition	
NAME	urbina, edgar o.		1.2 N	AME			
STREET ADDRESS	3371 SW 3RD ST.		1.3 STRE		ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL		_	TY-S1	r-ZIP	☐ Change ☐ Addition	1
TITLE	D	☐ DELETE	2.1 Ti	TLE		☐ Change ☐ Addition	ļ
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NAME			3.2 NAME				
STREET ADDRESS				STREET ADDRESS			ļ
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NAME	r.		4.21				
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NAME				52 NAME		•	
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CITY-ST-ZIP					1-ZIP	☐ Change ☐ Addition	1
TITLE		☐ DELETE				_ Griange	
NAME "	The state of the s		6.2 N				1
STREET ADDRESS			6.3 STREI		FADDRESS		-

14. I hereby certify that the information supplied with this filling 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.

(954)360-7694