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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V13269 (8)

**1. Corporation Name
IMS MANAGEMENT CORPORATION**

**Principal Place of Business Mailing Address
201 S. BISCAYNE BLVD. 201 S. BISCAYNE BLVD.
STE 2950 STE 2950
MIAMI FL 33131 MIAMI FL 33131
US US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last Report 05/01/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0315446	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAGENER, DAVID L. 201 S. BISCAYNE BLVD. STE 2950 MIAMI FL 33131	81 Name Sharon Goldstein 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. 83 Ste # 2950 84 City Miami FL 85 Zip Code 33131

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 *Sharon Goldstein* **sharon Goldstein** **5/11/95**

NOTE: Registered Agent signature required when constituting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMANN, JEFFREY D.	12 NAME	
STREET ADDRESS	20120 N.E. 10TH PLACE	13 STREET ADDRESS	400001498284
CITY, ST, ZIP	NORTH MIAMI BCH FL	14 CITY, ST, ZIP	-05/24/95--01062--023
TITLE	D	21 TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARRETT, LOYD M	22 NAME	
STREET ADDRESS	23 GRANITE STREET	23 STREET ADDRESS	
CITY, ST, ZIP	ROCKPORT MA	24 CITY, ST, ZIP	****225.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	31 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGENER, DAVID L.	32 NAME	Howard M. Lawn
STREET ADDRESS	1017 N.E. 118TH ROAD	33 STREET ADDRESS	9801 Collins Avenue
CITY, ST, ZIP	NORTH MIAMI FL	34 CITY, ST, ZIP	Dal Harbour, FL
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	TCS, 5/22/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 the 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.

SIGNATURE: *[Signature]* **Jeffrey D. Neumann** **5/11/95** **305-530-8211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR