

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA 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: **201 S. BISCAYNE BLVD. STE 2950 MIAMI FL 33131 US**
Mailing Address: **201 S. BISCAYNE BLVD. STE 2950 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **02/10/1992**
3a. Date of Last Report: **05/22/1995**

2. Principal Place of Business
21 **2845 Aventura Blvd.**
Suite, Apt. #, etc. **Suite 120**
City & State **Aventura, FL**
Zip **33180** Country **U.S.A.**
2a. Mailing Address
26 **2845 Aventura Blvd.**
Suite, Apt. #, etc. **Suite 120**
City & State **Aventura, FL**
Zip **33180** Country **U.S.A.**

4. FEI Number: **65-0315446**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GOLDSTEIN, SHARON
201 S. BISCAYNE BLVD.
STE 2950
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **2845 Aventura Blvd.**
83 **Suite 120**
84 City **Aventura** FL 85 Zip Code **33180**

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		
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	NEUMANN, JEFFREY D.	
STREET ADDRESS	20120 N.E. 10TH PLACE	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STARRETT, LOYD M	
STREET ADDRESS	23 GRANITE STREET	
CITY-ST-ZIP	ROCKPORT MA	
TITLE	D/C	<input type="checkbox"/> DELETE
NAME	LAWN, HOWARD M	
STREET ADDRESS	9801 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anthony Parkinson	
1.3 STREET ADDRESS	1115 S.E. 6th Street	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE: *Howard M. Lawn* **Howard M. Lawn** **5/3/96** **305.933.0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (12/95)