

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

201 S. BISCAYNE BLVD.
STE 2950
MIAMI FL 33131
US

Mailing Address

201 S. BISCAYNE BLVD.
STE 2950
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 2845 Aventura Blvd.

26 2845 Aventura Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 120

27 Suite 120

City & State

City & State

23 Aventura, FL

28 Aventura, FL

Zip

Country

Zip

Country

24 33180

25 U.S.A.

29 33180

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/10/1992

3a. Date of Last Report
05/22/1995

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

10. Name and Address of New Registered Agent

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

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 ☒ DELETE

NAME NEUMANN, JEFFREY D.
STREET ADDRESS 20120 N.E. 10TH PLACE
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE DS ☐ DELETE

NAME STARRETT, LOYD M
STREET ADDRESS 23 GRANITE STREET
CITY-ST-ZIP ROCKPORT MA

TITLE D/C ☐ DELETE

NAME LAWN, HOWARD M
STREET ADDRESS 9801 COLLINS AVENUE
CITY-ST-ZIP BAL HARBOUR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ 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 ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D, P, T ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard M. Lawn

5/3/96

Date

305.933-0600

Daytime Phone #

CR2E034 (12/95)