

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90031 008 ***150.00

DOCUMENT # V61808

1. Corporation Name

INVESTMENT MONITORING SERVICES, INC.

Principal Place of Business

46 4TH STREET SW
WINTER HAVEN FL 33880
US

Mailing Address

46 4TH ST SW
WINTER HAVEN FL 33880
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1992

4. FEI Number

59-3148956

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 48 4th Street SW

Suite, Apt. #, etc.

22 Second Floor

City & State

23 Winter Haven FL

Zip

24 33880

Country

25 US

2a. Mailing Address

26 48 4th Street SW

Suite, Apt. #, etc.

27 Second Floor

City & State

28 Winter Haven FL

Zip

29 33880

Country

30 US

9. Name and Address of Current Registered Agent

KALOGRIDIS, STEPHEN H.
46 4TH STREET
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

48 4th Street SW

83 Second Floor

84 City

FL

85 Zip Code

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 D ☐ DELETE

NAME KALOGRIDIS, STEPHEN H.

STREET ADDRESS 46 4TH STREET

CITY-ST-ZIP WINTER HAVEN FL

TITLE DS ☐ DELETE

NAME BOGDH, JOSEPH

STREET ADDRESS 46 4TH ST SW

CITY-ST-ZIP WINTER HAVEN 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Kalogridis, Stephen H.

1.3 STREET ADDRESS 48 4th Street SW

1.4 CITY-ST-ZIP Winter Haven, FL 33880

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME Bogdahn, Joseph

2.3 STREET ADDRESS 46 4th Street SW

2.4 CITY-ST-ZIP Winter Haven, FL 33880

3.1 TITLE ☐ 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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)