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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT #

F96000001592 (2)

INVESTORS MORTGAGE ASSOCIATES, INC.

## FILED May 13 1998 8:00am Secretary of State



<u> </u>								AIIB IKBI IBBI
	ce of Business	Mailing Address	Mailing Address			- 1-20144 - 114 - 1111		**** **** <b>189</b> 1
5094 DORSEY HALL DR. STE 205 ELLICOTT CITY MD 21042		5094 DORSEY HALL DR., STE 205 Ellicott City MD 21042				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified	OI ACE	
						03/28/1996		
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				52-1880359	N	lot Applicable
Suite, Apt	. #, elc.	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional Required
City & Sta	le	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip	<b>├</b> ──`	untry		8. This corporation owes or has paid the cu		
24	25] 9. Name and Address of Current	29	30	<del>,                                    </del>		Personal Property Tax due June 30.  10. Name and Address of New Registered		No
	<del></del>	r wedistered whent	<del></del>	81	Name	10. Name and Address of New Registered	Agent	
	ART, ALAN	.4			IVallic			
440 SOUTH FEDERAL HWY STE 204				82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)		
Ut	EERFIELD BEACH FL 33441			83				
				64	City	FL	<b>85</b> Zip	Code
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such ch <b>ance w</b> as	authorize	d by	the corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing in pointment as	its registered s registered
SIGNATURE	Signature typed or printed har with tegistered agree				nt signature require	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	POS	DELETE	1,1 (	TLE			Change	Addition
NAME	HART, STUART		: 1.2 N	AME				
STREET ADDRESS	37 INTERNATIONAL CIRCLE		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD	· · · · · · · · · · · · · · · · · · ·	1,4 C	(TY - <u>\$</u> 1	r - ZIP			
TITLE	VTS	☐ DELETE	2.1 T	TLE			Change	Addition
NAME	CONTRACT, MARC		2.2 N/	AME		.,		
STREET ADORESS	8524 HARVEST VIEW CT		235	TOFFT	address			
CITY-\$T-ZIP	ELLICOTT CITY MD			11111111	ADDITION			
TITLE	<del> </del>	<b>I No.</b> 100	2 4 0	ITY-S			- A.	
TITLE		☐ DELETE	2 4 C	TLE			☐ Change	Addition
NAME		☐ DELETE	2 4 C 3 1 H 3 2 No	OTY-S TLE AME	T-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP			2 4 C 31 H 32 N 33 ST 34. C	TLE AME TREET	IT-ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2 4 C 31 H 32 N 33 SI 34 C 4.1 TI	TLE AME TREET TTY-S TLE	IT-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME			2 4 C 31 H 32 N 33 SI 34 C 4.1 TI 4.2 N	CITY-S TLE AME TREET SITY-S TLE IAME	T-ZIP  ADDRESS  T-ZIP			
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indicated on this annual reported or supplied with this unity costs for quality for the exemption stated in 1930/(3/10). Florida statutes. In the formation indicated on this annual report or supplier entitle 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 trustge empoward 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 eddress.

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