

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # M80337 (2)

1. Corporation Name

INTERNATIONAL ACADEMY OF MERCHANDISING & DESIGN,
INC.

Principal Place of Business

5225 WEST MEMORIAL HWY.
TAMPA FL 33634
US

Mailing Address

5225 WEST MEMORIAL HWY.
TAMPA FL 33634
US

3. Date Incorporated or Qualified
05/11/1988

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 Sub: Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub: Apt. #, etc

27 City & State

28 Zip Country

29

4. FEI Number
59-2887925

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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of person to be registered as agent or director

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	☐ DELETE
NAME	STEIN, JR. C	
STREET ADDRESS	74 E ELM ST	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	DV	☐ DELETE
NAME	KING, THOMAS V.	
STREET ADDRESS	SEAY & THOMAS, INC. 19 S LASALLE ST, #601	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	DST	☐ DELETE
NAME	RUTSTEIN, LEONARD D.	
STREET ADDRESS	140 S DEARBORN ST. #800	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	P	☐ DELETE
NAME	SANTORO, MICHAEL	
STREET ADDRESS	5225 MEMORIAL HWY.	
CITY-STATE-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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

2/8/96

813-881-0007
Daytime Phone #

CR2E034 (12/95)