SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** M80337

INTERNATIONAL ACADEMY OF MERCHANDISING & DESIGN, INC.

**FILED** Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90018 004 \*\*\*550.00



City & State  City & State  28  City & State  City & State  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  Zip  Country  Zip  Country  Zip  Country  8. This corporation owes the current year	5225 WEST ME TAMPA FL 338: US  2. Principal Pla 21  Suite, Apt. #	MORIAL HWY.  34  ace of Business  #, etc.	2800 W HIGGINS RD STE 790 HOFFMAN ESTATES IL 6 US  2a. Mailing Address 26  Suite, Apt. #, etc.	20195		DO NOT WRITE IN THE 3. Date Incorporated or Qualified 05/11/1988 4. FEI Number 59-2887925 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
20   20   20   30   8. This coprotion owes the current year   ve   No			City & State				
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83 Ball Name  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 86 Zip Code  87 City  FL 87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  81 Name  81 Name  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  80 Zip Code  81 Name  82 Zip Code  83 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Name  81 Name  82 Zip Code  83 Zip Code  84 City  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code	Zip 24	25	29	—¬ `		Intangible Personal Property.	Yes No
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83 Set		9. Name and Address of Current	Registered Agent	- 04	None	10. Name and Address of New Register	ed Agent
110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301  82 Sirveet Address (P.O. Box Number is Not Acceptables)  83 B  84 City FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the agent of programment comporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PS  CITYST 2P  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VPT  SERIEL ADDRESS  CITYST 2P  HOFFMAN ESTATES IL 60195  14. CITYST 2P  LARSON, JOHN M  2800 W HIGGINS RD, STE 790  23 STREET ADDRESS  CITYST 2P  HOFFMAN ESTATES IL 60195  14. CITYST 2P  LARSON CITYST 2P  TITLE  AS  NACHTSHEIM, ROBERT  28 NACHTSHEIM, ROBERT  38 City STORET ADDRESS  CITYST 2P  HOFFMAN ESTATES IL 60195  44. CITYST 2P  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  ADDITIONS ADDRESS  CITYST 2P  Change  Addition  Change  Addition  Change  Addition  ADDITIONS ADDRESS  CITYST 2P  Change  Addition  Change  Addition  ADDRESS  CITYST 2P  Change  Addition  ADDRESS  ADDRESS  ADDRESS 2D  AD	DDE	MTICE HALL CODDODATION GVG	TEM INC	81	Name		
TALLAHASSEE FL 32301  83  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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent at an adversely the objections of sections 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent at an adversely the corporation submits this statement for the purpose of changing its registered agent at a state of Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  PS  LARSON, JOHN M  2800 W HIGGINS RD, STE 790  13. STREET ADDRESS  LARSON, JOHN M  2800 W HIGGINS RD, STE 790  14. CITYST2P  LACTIVIST2P  LOFFICERS AND STE 790  14. CITYST2P  LACTIVIST2P  LOFFICERS AND STE 790  22. STREET ADDRESS  CITYST2P  HOFFMAN ESTATES IL 60195  22. NAME  NACHTSHEIM, ROBERT  2800 W HIGGINS RD, STE 790  33. STREET ADDRESS  CITYST2P  LOFFICERS AND STE 790  34. CITYST2P  TITLE  AS  NACHTSHEIM, ROBERT  2800 W HIGGINS RD, STE 790  34. CITYST2P  LOFFICERS AND STE 790  35. TITLE  AS  NACHTSHEIM, ROBERT  2800 W HIGGINS RD, STE 790  34. CITYST2P  TITLE  AS  NACHTSHEIM, ROBERT  2800 W HIGGINS RD, STE 790  34. CITYST2P  TITLE  AS  NACHTSHEIM, ROBERT  2800 W HIGGINS RD, STE 790  35. STREET ADDRESS  CITYST2P  TITLE  Change  Addition  NME  STREET ADDRESS  CITYST2P  Change  Addition  Addition  Addition  STREET ADDRESS  CITYST2P  Change  Addition  Addition  STREET ADDRESS  CITYST2P  Change  Addition  Addition  STREET ADDRESS  CITYST2P  Addition  Addition  STREET ADDRESS  CITYST2P  Addition  Addition  ADDRESS  STREET ADDRESS  AS CITYST2P  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRES				82	82 Street Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of sections 607 0502 and 607.1508, Florida, Sututes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    12.				83	<del> </del>		<del></del> -
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 of file 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, 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, or both, in the State of Florida. Statutes agent, lam familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or protest name of registered agent are title if appointment as registered agent, or both, in the State of Florida. Statutes agent, and the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes agent, and the provision of th					City		85 Zip Code
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, and accept the obligations of, seation 607.05.05, Florida Statution (Profited Statution) in an accept to obligation of, seation 607.05.05, Florida Statution (Profited Statution) in an accept to obligation of, seation 607.05.05, Florida Statution (Profited Statution) in an accept to obligation of, seation 607.05.05, Florida Statution (Profited Statution) in an accept to obligation of, seation 607.05.05, Florida Statution (Profited Statution) in an accept to obligation of, seating of the corporation's board of directors. I nereby accept the appointment as registered agent, and seating of the corporation's board of directors. I nereby accept the appointment as registered agent, and seating of the corporation's board of directors. I nereby accept the appointment as registered agent, and seating of the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligation of the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligation of the corporation's board of directors. In the corporation's part of the corporation's part					ì <u> </u>		· L
12.	office or r agent. I a SIGNATURE _	egistered agent, or both, in the State on familiar with, and accept the obligate	of Florida. Such change was ions of, section 607.0505, Fl	authorized by orida Statutes	the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
TITLE	·				gent signature req	, <u> </u>	
NAME   LARSON, JOHN M   2800 W HIGGINS RD, STE 790	<del></del>					ADDITIONS/CHANGES TO OFFICERS	
STREET ADDRESS   2800 W HIGGINS RD, STE 790			L DELETE		•		Change L Addition
HOFFMAN ESTATES IL 60195	1			P	ADDRESS		
TITLE	1 1				ĭ		}
NAME   RETTKE, WILLIAM A   2800 W.HIGGINS.RD, STE 790   23 STREET ADDRESS   24 CITY-ST-ZIP   HOFFMAN ESTATES IL 60195   24 CITY-ST-ZIP   TITLE   AS   DELETE   31 TITLE   ADDRESS   ADDR			Delete		1-214		Change Addition
STREET ADDRESS   2800 W.HIGGINS.RD, STE 790   23 STREET ADDRESS   CITY-ST-ZIP	íííí		[_] Dereie				Change Addition
CITY-ST-ZIP	1 1			1	ADDRESS		Ì
TITLE	i —						
NAME         NACHTSHEIM, ROBERT         3.2 NAME           STREET ADDRESS         2800 W HIGGINS RD, STE 790         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE           NAME         6.1 TITLE           NAME         CANAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP			DELETE				Change Addition
STREET ADDRESS   2800 W HIGGINS RD, STE 790	l i	•	(	3.2 NAME			
CITY-ST-ZIP	1			3.3 STREET	ADDRESS		
TITLE	l l			3.4 CITY-ST	r-ZIP		
Addition   Street address   A3 Street address   A4 CITY-ST-ZIP   Addition   Street address   A4 CITY-ST-ZIP   Addition   Street address   S3 Street address   S4 CITY-ST-ZIP   S4 CITY-ST-ZIP   S4 CITY-ST-ZIP   S4 CITY-ST-ZIP   S6 CITY-ST-ZIP			DELETE				Change Addition
A CITY-ST-ZIP	NAME		<del>-</del>	4.2 NAME			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CTY-ST-ZIP         6.3 STREET ADDRESS         CTY-ST-ZIP	STREET ADDRESS			4.3 STREET	ADDRESS		1
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP	C/TY-ST-ZIP			4.4 CITY-S1	r-ZiP		
5.3 STREET ADDRESS     5.4 CITY-ST-ZIP	TITLE		DELETE	5.1 TITLE			Change Addition
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NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CITY-ST	r-ZIP		
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP	TITLE		☐ DELETE	6.1 TITLE			Change Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME			
	STREET ADDRESS			6.3 STREET	ADDRESS		
	CITY-ST-ZIP						

plied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information lemental annual report is true and securate and that my signature shall have the same legal effect as if made under oath; that I am ear the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears indicated on this annual report or supp

SIGNATURE: