

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 11:11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042135 (1)**
1. Corporation Name
THE INVESTMENT GROUP ASSOCIATES, INC.

Principal Place of Business Mailing Address
327 ELDREDGE ROAD 327 ELDREDGE ROAD
FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1994		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 593-25-9352		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**NEWMAN, RAYMOND F. JR.
150 EGLIN PARKWAY, N.E.
FORT WALTON BEACH FL 33548**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theodore D. Rahe	1.2 NAME	
STREET ADDRESS	327 Eldredge Rd	1.3 STREET ADDRESS	
CITY - ST - ZIP	Ft Walton Beach FL 32547	1.4 CITY - ST - ZIP	
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Rochester	2.2 NAME	
STREET ADDRESS	6010 1/2 Christian Rd	2.3 STREET ADDRESS	
CITY - ST - ZIP	Amory, MS 38821	2.4 CITY - ST - ZIP	
TITLE	Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Major Owen	3.2 NAME	
STREET ADDRESS	853 Valley Ridge Cir	3.3 STREET ADDRESS	
CITY - ST - ZIP	Panacea, FL 32574	3.4 CITY - ST - ZIP	
TITLE	Treasurer	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Bayhill	4.2 NAME	
STREET ADDRESS	2 Ravina Dr Sae 1310	4.3 STREET ADDRESS	
CITY - ST - ZIP	Atlanta, GA 30346	4.4 CITY - ST - ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman J Rahe	5.2 NAME	
STREET ADDRESS	31491 Montbury Dr	5.3 STREET ADDRESS	
CITY - ST - ZIP	Lake Forest, CA 92636	5.4 CITY - ST - ZIP	
TITLE	Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RH Rahe	6.2 NAME	
STREET ADDRESS	45 Waxwing Ave	6.3 STREET ADDRESS	
CITY - ST - ZIP	Naperville, IL 60565	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 110.07(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 addendum.

SIGNATURE: Theodore D. Rahe Theodore D. Rahe 4/24/95 904 2444242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)