

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 32547-1308**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/01/1994	04/24/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3259352	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				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				10. Name and Address of New Registered Agent			
<b>NEWMAN, RAYMOND F JR.</b> <b>150 EGLIN PARKWAY, N.E.</b> <b>FORT WALTON BEACH FL 33548</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAHE, THEODORE D.			1.2 NAME			
STREET ADDRESS	327 ELDREDGE RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROCHESTER, JAMES			2.2 NAME			
STREET ADDRESS	60102 CHRISTIAN RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	AMPRY MS			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OOTEN, MAJOR			3.2 NAME			
STREET ADDRESS	853 VALLEY RIDGE CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARNHILL, FRANK			4.2 NAME			
STREET ADDRESS	2 RAVINA DR. STE 1310			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAHE, NORMAN J.			5.2 NAME			
STREET ADDRESS	21491 MONTBURY DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE FOREST CA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAHE, R. H.			6.2 NAME			
STREET ADDRESS	45 WAXWING AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPIERVILLE IL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)