## 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 # 8 | 5332 |
|--------------|------|
|--------------|------|

## FILED Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90013 001 \*\*\*550.00

| IFC HOLDINGS, INC.  |   |                              | i  |   | 20013 1                                   |   |  |                           |        |
|---|---|------------------------------|--|---|---|---|--|---------------------------|--------|
| 11 0 1101   | Dirtao, irto.                                       |                              |  |   |   |   |  | IN ENERN ANDRE ENERN HERR |        |
|   |   |                              |  |   |   |   |  |                           |        |
| Principal Place of Business Mailing Address                 |   |                              |  |   |   | 1 1 M D 1 3 1 1 M 1 B 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 | 01 3101 B1011 01011 010                | 41 MIDIE DENSE DINIE SONI |        |
| 2701 N. ROCKY POINT DR., 7TH FLOOR 2701 N. ROCKY POINT DR., |   |                              | T DR 7TH FI  | OO8   |   |   |  |                           |        |
| TAMPA FL 33607 TAMPA FL 33607                               |   |                              | II (JII 7 III 1 I  | 20011   |   |   |  |                           |        |
| US US   |   |                              |  |   | DO NOT WRITE IN THIS SPACE                |   |  |                           |        |
|   |   |                              |  |   |   | 3. Date Incorporated or Qualified                   |  |                           |        |
|   |   |                              |  |   | İ   | 06/30/1982  |  |                           |        |
| 2. Principal Place of Business 2a. Mailing Address          |   |                              | <del></del>  |   |   | 4. FEI Number                                       |  | Applied For               |        |
| 26  |   |                              |  |   |   | 59-2195688  |  | Not Applicable            |        |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.          | The state of the s |   |   | 5. Certificate of Status Desired                    | \$8.                                   | .75 Additional            |        |
| 22  |   | 27                           | 27   |   |   | 5. Certificate of Status Desired                    | F                                      | ee Required               |        |
| City & State  |   | City & State                 |  |   |   | 6. Election Campaign Financing \$5.00 May Be        |  |                           |        |
| 23  |   | 28                           | 28   |   |   | Trust Fund Contribution Added to Fees               |  |                           |        |
| Zip   | Country   | Zip                          |  |   | 8. This corporation owes the current year |   |  |                           | 1      |
| 24  | 25  | 29                           | 30   |   | j   | Intangible Personal Property. Yes No                |  |                           |        |
|   | 9. Name and Address of Curren                       | t Registered Agent           |  |   |   | 10. Name and Address of New Registered Agent        |  |                           |        |
| <del></del>   |   |                              |  | 81 Name   |   |   |  |                           |        |
| NRA   | AI SERVICES, INC.                                   |                              |  | 82 Street   | Addross                                   | /D.O. Boy Number is Not a commo                     |  |                           | -      |
| 526 E. PARK AVENUE  |   |                              |  |   | Address                                   | Address (P.O. Box Number is Not Acceptable)         |  |                           |        |
| TALLAHASSEE FL 32301  |   |                              |  | 83  | -   |   |  |                           | 1      |
|   |   | *** : * 5                    |  |   |   |   | ······································ |                           | 4      |
|   |   |                              |  | 84 City   | -   |   | FL  85                                 | 7in Code                  |        |
|   | to the provisions of sections 607.0502              | 2 and 607 1500 Fladdo Cto    | stuton the ob-   | avo namad a   | comoratio                                 | on cultimite this statement for the our             | . —                                    | its registered            | 1      |
| office or i   | registered agent, or both, in the State.            | of Florida. Such change w    | ras authorized   | I by the con  | ooration's                                | board of directors. I hereby accept                 | the appointment                        | as registered             |        |
| agent. i a  | m familiar with, and accept the obliga              | auons oi, secuon 607.0303    | , rionua stat  | ules.   |   |   |  | •                         | ĺ      |
| SIGNATURE.  | angularie, typed or printed name of registered agen | nt and title if applicable.  | (NOTE: Register  | ed Agent signatu                                    | ure required                              | when reinstating)                                   | DATE                                   |                           | 12     |
| 12.   |   |                              |  |   |   | ADDITIONS/CHANGES TO OFFI                           | CERS AND DIR                           | ECTORS IN 12              | 2/00   |
| TITLE   | CEOC  |                              |  | 1.1 TITLE C. ROGER ALLEN, PRESIDENT Change Addition |   |   |  |                           | ı ~    |
| NAME  | GACKLE, MERLIN R                                    |                              |  |   |   |   |  |                           | R2F034 |
| STREET ADDRESS  | ACCUSED NOTE OF COLUMN CO.                          |                              |  | REET ADDRESS  | 2701                                      | 2701 N. ROCKY PUINT DRIVE, 7th, FLOOR               |  |                           |        |
| ì   | TAMPA FL 33607                                      | / / / LOON                   |  | Y-ST-ZIP  | 1   | TAMPA FL 33607                                      |  |                           |        |
| CITY-ST-ZIP TITLE   | D   | Постот                       |  |   | 1 ,,,,                                    | 1 7 3 3 6 2 7                                       | Псь                                    | ange Addition             | 10     |
|   |   | L DELETE                     | 2.2 NA   |   |   | Change  |  |                           |        |
| NAME (  | GUNDERSON, THOMAS                                   |                              |  |   | e l                                       |   |  |                           |        |
| STREET ADDRESS 212 N 4TH ST                                 |   |                              |  | .3 STREET ADDRESS 2.4 CITY-ST-ZIP                   |   |   |  | 1                         |        |
| CITY-ST-ZIP   | BISMARCK ND 58501                                   | N7                           |  |   | \Cel                                      | Transidad   |  | ange X Addition           | 1      |
| TITLE   | EVPT  | DELETE                       |  |   | 1122                                      | . Treasurer   |  |                           |        |
| NAME  | GOODRUM, MARY ANN                                   | 3.2 N                        |  |   | 1 Cin                                     | Lindy Munro 1701 N ROCKY POINT DRIVE, THAT FE       |  |                           | 1      |
| STREET ADDRESS  | TANDA FL 00007                                      |                              |  | REET ADDRESS  | 2701 N ROCKY POINT URIVE, TH              |   | ve 1941                                | 1 LOOK                    | ,      |
| CITY-ST-ZIP   | TAMPA FL 33607                                      |                              |  | Y-ST-ZIP  | <u> </u>                                  | ·   | <u> </u>                               | 7, 14 53601               | 4      |
| TITLE   | DS  | DELETE                       | DELETE 4.1 TI  |   |   |   | ∟ Ch                                   | ange Addition             |        |
| NAME  | PRICE, MARY   | 4.21                         |  |   |   |   |  |                           |        |
| STREET ADDRESS  | 400 1ST AMERICAN CENTER                             | D 1ST AMERICAN CENTER 4.3 ST |  | REET ADDRESS  | j   |   |  |                           | 1      |
| CiTY-ST-ZIP   | NASHVILLE TN  |                              |  | Y-ST-ZIP  | ļ   |   |  |                           | 1      |
| TITLE .   | D   | DELETE                       | 5.1 TIT  | 1E  |   |   | ∐ Ch                                   | ange Addition             |        |
| NAME  | Bailey, John  |                              | 5.2 NA   | ME  |   |   |  |                           |        |
| STREET ADORESS  | 212 N 4TH STREET                                    |                              | 5.3 ST   | REET ADDRESS  |   |   |  |                           |        |
| CITY-ST-ZIP   | BISMARK ND 58501                                    |                              | 5.4 Cl   | Y-ST-ZIP  |   |   |  |                           |        |
| TITLE   | P   | DELETE                       | 6,1 TIT  | LE  | CEC                                       | )   | ∑ Ch                                   | ange Addition             |        |
| NAME  | BLAGOJEVICH, ROBERT                                 |                              | 6.2 NA   | ME  |   |   | <i>-</i>                               |                           |        |
|   |   |                              |  |   |   |   |  |                           |        |

14. I 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

2701 N. ROCKY POINT DR., 7TH FLOOR

TAMPA FL 33607

8/4/99

813-289-5797