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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 62138	39	(6)						
INVESTORS ASSET MANAGEMENT, INC.									
Principal Place of Business Mailing Address							1 100110 DITIO HOUS HOUD HID 11	ini a iait éidit atau fiéil	BEGER BIDII BIDII ADDI
	MASVILLE RD SEE FL 32303	1001 THOMASVILLE ROAD THIRD FLOOR TALLAHASSEE FL 32303							
		US					3. Date Incorporated or Qualified 05/11/1979	3a. Date of Last 03/16/	
2. Principal Pla	ce of Business	2a. Mailing Ad	dress	40.	11-	11	4. FEI Number		Applied For
21 Suite, Apt #	t, etc.	Suite, Apt	# etc		1010	-	59-1904228	<u> </u>	Not Applicable
22 186)	27	86				5. Certificate of Status Desired	1 1	5 Additional Required
23 Talle	housee, FZ	28 City & Stat	<u>Ahaisee</u>	6	Ī.		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
フロ 3と	Country 25 USA	29 323					8. This corporation has liability for in	ntangible tax under	
241	9. Name and Address of Curren) 30 N		<i>,</i>		Florida Statutes Yes 10. Name and Address of New Re		
				81	Name		TO: INCHIO MINO ACCIDED OF HER TH	PAISTOLEO MACIN	
MENDELSON, ROBERT D				82	Street A	Addres	s (P.O. Box Number is Not Acceptabl	e)	
851 E. PARK AVE. TALLAHASSEE FL 32301				83					
							·		
•				84					?ip Code
SIGNATURE	othe provisions of Sections 607.0502 and agent, or both, in the State of Florid in, and accept the obligations of, Sections	on 607.0505, Fioria	a Statutes.				nen reinstalling)	DATE	a ago in t an
12.	OFFICERS AND	·		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TIFLE	PSD	[] DI	ELETE	1 TITLE				Change Change	☐ Addition
MAME	ENLOW, ERIN E			.2 NAME			ا مالاسمىسىمام اس	46	Rin
STHEET ADDRESS	1001 THOMASVILLE RD. TALLAHASSEE FL				ADDRESS	17	of Thomaville f		
CITY - ST - ZIF	IALLAHASSEE PL	□ DE		E4 DITY-S	ST-ZIP		marabet ic 3	-3-3	ED Addition
NAME				2.2 NAME				☐ Change	Addition
STREET ADDRESS					r address				
CHY-ST-ZiP				4 CITY - S	- 1				
10 LF		☐ DE		1 TITLE				Change	☐ Addition
NAME			3	2 NAME					
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City-S1-ZiP				4 CITY - S	ST-ZIP				
?iltē		☐ DE	ELETE 4	. 1 TITLE				☐ Change	Addition
NAME			4	.2 NAME					
STREET ADDRESS			4	.3 STREET	ADDRESS				
CHY-S1-ZIP		P⊐ nr		4 CITY - S	ST-ZIP		<u>90000172</u>	ರ್ಮವಿಸ್ ರರ್	
TITLE		□ DE		1 TITLE			90000172 -03/01/96010 ***200.00	57073****	☐ Addition
NAME STREET ADDRESS				2 NAME	4000500		***200.00		
					ADDRESS				
CHY-S1-ZIP THUE				4 CITY-5	51 - ZIP			☐ Change	☐ Addition
NAME			F	2 NAME					L Addition

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 cartify 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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Proof I

CHTY-ST-ZIP