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

Mailing Address

5094 DORSEY HALL DR., STE 205

PROFIT CORPORATION ANNUAL REPORT

1997

Principa! Place of Business

5094 DORSEY HALL DR., STE 205



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001592 (2)

INVESTORS MORTGAGE ASSOCIATES, INC.

ELLICOTT CITY MD 21042 ELLICOTT CITY MD 21042-7711 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 52-1880359 21 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zφ Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HART, ALAN 440 SOUTH FEDERAL HWY STE 204 82 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of region, restlagent and alterd application (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE **PDS** 1.1 TITLE HART. STUART 1.2 NAME NAME 37 INTERNATIONAL CIRCLE 1.3 STREET ADDRESS STREET ADDRESS OWINGS MILLS MD CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change ___ Addition 2.1 TiTLE TITLE VTS CONTRACT, MARC 22 NAME 8524 HARVEST VIEW CT 2.3 STREET ADDRESS STREET ADDRESS ELLICOTT CITY MD 2. 4 CITY-ST-ZIP CITY-ST-7iP DELETE ☐ Change Addition THE 3 1 TITLE NAME 3.2 NAME

6.4 CITY - ST-ZIP CITY-ST-2IP 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,

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CITY-ST-ZIP

3.4 CITY-ST-ZIP

41 TITLE

4 2 NAME

51 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY - \$1 - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

THLE

NAME

410-730-8822

FILED

Jan 14 1997 8:00am

Secretary of State

Daytime Phone #

Change

Change

Change

___ Addition

Addition

Addition

(96/6)