

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90217 004 ***150.00

DOCUMENT # F96000001592

1. Corporation Name
INVESTORS MORTGAGE ASSOCIATES, INC.

Principal Place of Business
5094 DORSEY HALL DR., STE 205
ELLICOTT CITY MD 21042

Mailing Address
5094 DORSEY HALL DR., STE 205
ELLICOTT CITY MD 21042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

52-1880359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10025 Gov Warfield Pky

2a. Mailing Address

26 10025 Gov Warfield Pky

Suite, Apt. #, etc.

22 410

Suite, Apt. #, etc.

27 410

City & State

23 Columbia, Maryland

City & State

28 Columbia, Maryland

Zip

24 21044

Country

25 USA

Zip

29 21044

Country

30 USA

9. Name and Address of Current Registered Agent

HART, ALAN
440 SOUTH FEDERAL HWY STE 204
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

Hart, Alan

82 Street Address (P.O. Box Number is Not Acceptable)

440 South Federal Hwy, Suite 201

83

84 City

Deerfield Beach

FL

85 Zip Code

33441

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME HART, STUART
STREET ADDRESS 37 INTERNATIONAL CIRCLE
CITY-ST-ZIP OWINGS MILLS MD

TITLE VTS ☐ DELETE
NAME CONTRACT, MARC
STREET ADDRESS 8524 HARVEST VIEW CT
CITY-ST-ZIP ELLICOTT CITY MD

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11322 Barley Field Way
1.4 CITY-ST-ZIP Marriottsville, MD 21104

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7209 Downing Ct
2.4 CITY-ST-ZIP Clarksville, MD 21029

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Stuart Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

410-930-8822
Daytime Phone #

CR2E034 (11/98)