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

DOCUMENT # F9600004532

INTERNATIONAL AMERICAN MANAGEMENT COMPANY

| Principal Place of Business |
|---|
| 1415 FOULK ROAD. STE 200 WILMINGTON DE 19803 |

Mailing Address

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90097 048 ***150.00



| 1415 FOULK RO | | 1415 FOULK ROAD. STE 200 WILMINGTON DE 19803 | | | \ | | | |
|---|---|---|---------------|--|--|----------------|---------------------|--|
| WILMINGTON DE 19803 WILMINGTON DE 19803 US US | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | 3. Date incorporated or Qualifed 09/04/1996 | | | |
| Principal Place of Business 2a. Mailing Address | | | | · | 4. FEI Number | Aţ | oplied For | |
| 26 | | | | | 51-0376785 | No | ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | * | Additional equired | |
| 22 27 | | | | - | | | | |
| City & State | • | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | 1 | | |
| Zip | Country | Zip | Country | | This corporation owes the current year Intangible | | | |
| 24 | 25 29 30 | | | | Personal Property Tax. Yes No | | | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | 81 Name | | | | |
| C T CORPORATION SYSTEM | | | 82 | Street / | Address (P.O. Box Number is Not Acceptable) | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | | | | | |
| PLANTATION FL 33324 | | | 83 | | | | | |
| | | | 84 | City | FI | | Code | |
| 44 D. A. A. H. A. W. A. Serting SOZ 0502 and SOZ 1508. Elegida Statutes, the above pared compration 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 agen | t and title if applicable. (NOTE: Re | gistered Ager | nt signature re | equired when reinstating) DATE | | - | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | CICEOID | Change | Addition | |
| NAME | ROTHMAN, ROBERT | | 1.2 NAME | | | • | | |
| STREET ADDRESS | | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-S | T-ZIP | Tampa, FL 33602 EVP/CFO/D | | | |
| TITLE | EVP | ☐ DELETE | 2.1 TITLE | | EVPICFOID | ∑ hange | Addition | |
| NAME | STEIN, ANDREW R. | 22 N | | | | | | |
| STREET ADDRESS | 1415 FOULK RD #200 | | 2.3 STREE | TADDRESS | | _ | | |
| CITY-ST-ZIP | WILMINGTON DE | | 2.4 CITY-5 | ST-ZIP | Wilmington, DE 19803 | <u>3</u> _ | | |
| TITLE | PCEO | DELETE 3.1 TI | | | | Change | ☐ X Addition | |
| NAME . | PETER R PORRINO | ′ ' | 3.2 NAME | | Youssef, Shaker A. 1415 FourkRoad, Suite 2 | | | |
| STREET ADDRESS | ONE LANDMARK SQUARE | , | 3.3 STREE | TADDRESS | 1415 Fourk Road, Suite 2 | 00 | ţ | |
| C/TY-ST-ZIP | STAMFORD CT 06901 | | 3.4. CITY-S | ST-ZIP | Wilmington, DE 19803 | | | |
| TITLE | VPS | . DEFELE | 4.1 TITLE | | | Change | ☐ Addition | |
| NAME | VOSS. DEANNA | | 4, 2 NAME | | | | \ | |
| STREET ADDRESS | 1415 FOULK RD #200 | | 4.3 STREE | TADDRESS | 20 10012 | | | |
| CITY-ST-ZIP | WILMINGTON DE | <u> </u> | 4.4 CITY-S | T-ZIP | wilmington, DE 19803 | | ₩ | |
| TITLE | SVP | DELETE | 5.1 TITLE | | EVP/D | ☐ Change | Addition | |
| NAME | ROTHSEID, ANDREW R | • | 5.2 NAME | | Gibbs, Thomas E. | 2800 | | |
| STREET ADDRESS | 1415 FOULK RD #200 | | | TADDRESS | Gibbs, Thomas E. 50 N. Laura Street, Svite Jacksonville, FL 32202 SVP/Controller/Treas. | - 200 | | |
| CITY-ST-ZIP | WILMINGTON DE | | 5.4 CITY-S | T-ZIP | Jacksonville, FL 32201 | | T A Jane | |
| TITLE | SVPT | ☐ DELETE | 6.1 TITLE | | SVP/ Controller/Treas. | Change | ☐ Addition | |
| NAME | GRUBB, DAVID L | | 6.2 NAME | | | | | |
| STREET ADDRESS | 1415 FOULK RD #200 | | 6.3 STREE | TADDRESS | 1 | | | |
| CITY-ST-ZIP | WILMINGTON DE | | 6.4 CITY-S | T-ZIP | wilmington, DE 19803 | | | |

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: