## 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).

F9800002070

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 

1. Corporation Name

CITY-\$7-ZIP TITLE

STREET ADDRESS

SIGNATURE: \_

CITY-ST-ZIP

NAME



INVESTMENT MANAGEMENT OF AMERICA, INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90003 033 \*\*\*150.00

Change Addition

Principal Plac	e of Business	Mailing Address			
PO BOX 930		PO BOX 930			
OSPREY FL 3	4229	OSPREY FL 34229			
					E IN THIS SPACE
				3. Date Incorporated or Qualified 04/10/1998	
2. Principal P	lace of Business	2a. Mailing Address	11 : 2	4. FEI Number	Applied For
21 780	RO South HolidouDu	25 7820 South	Holidau Driv	e NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7	5. Certificate of Status Desired	\$8.75 Additional
22 33	10	27 320		5. Certificate of Status Desired	Fee Required
City & Stat	ie , []	City & State	$\Box$	6. Election Campaign Financing	<b>\$5.00</b> Мау Ве
	rasata th	28 Sarasota	<u>†1</u>	Trust Fund Contribution	Added to Fees
2 3 4 2	Country	Zip	Country /	8. This corporation owes the curre	· 100 [-1]
24 342	31   25   USA		<u> ا 30</u>		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
BADOLATO, ANDREW M					
7009 S. TAMIAMI TRAIL				dress (P.O. Box Number is Not Accepta	Brive Suite 300
SARASOTA-FL-34231			83	20 South Hollawy	Drive such and
			[ ]		
Ì			84 City	rasota	FI 85 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 regist					roose 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.					
\	am familiar with, and accept the obligati	ons or, section doz.0505, Flor	ida Statutes.		ļ
SIGNATURE	Signature, typed or printed name of registered agent of	nd title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1.1 TITLE	V	
NAME	PARKER, GERALD C		1.2 NAME	Antonio Gomes 7820 South Holiday	Dr. #320
STREET ADDRESS	101 PHILIPPE PKWY		1.3 STREET ADDRESS	7820 south Holiday	ir, #350
CITY-ST-ZIP	SAFETY HARBOR FL 34695			Sarasota, flo 34	· <del>·············</del> (
TITLE	CDV	L DELETE	2.1 TITLE	D/m	Change Addition
NAME	BADOLATO, ANDREW M		2.2 NAME	Badolato, Andrew M.	" 222
STREET ADDRESS	7069 S. TAMIAMI TRAIL		2.3 STREET ADDRESS	820 South Holiday Dr	.#3a0
CITY-ST-ZIP	SARASOTA FL 34231	<del>\</del>		Sarasota Fla '34.	
TITLE	ST.	DELETE		V	Change Addition
NAME	MADDEN, WILLIAM J		3.2 NAME	tutchison, James N	D: 11200
STREET ADDRESS	7069 S. TAMIAMI TRAIL			7820 South Holiday	DY. #10520
CITY-ST-ZIP	SARASOTA FL 34231			Sarasota Fla 342	31
TITLE		DELETE		S/P	Change
NAME			4.2 NAME	Eirker Gerald C. 1820 South Holiday C	r. #3.20
STREET ADDRESS				1840 SOUTH FOILIGAY	3,1
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Savasota Fla 342	
TITLE		L DELETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. 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 of the receive) or trustee amount of the 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.

DELETE



590177-90003-33 F98000002070

## INVESTMENT MANAGEMENT of AMERICA, Inc.

July 12, 1999

Annual Report Filings Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

Dear Sir or Madam:

Enclosed please find our resubmission of the Annual Report filing for Investment Management of America (IMA) for 1999. This report was completed and filed on April 29, 1999 (copy attached) and mailed with check #1479 for \$150.00 along with our annual filing for Investment Management of Southwest Florida (IMSWF) and the Articles of Incorporation for a new company, BIZNET. These reports were clipped with their respective checks and mailed in the same envelope. Check #1479 for the IMSWF report and check #1478 for the BIZNET filing have both cleared our bank account (copies attached), however the check for the IMA has never come through. It is apparent that the Annual Report for IMA and its check have been lost or destroyed.

We are requesting that the penalty fee be waived for IMA since we submitted this report on a timely basis and through no faulty of our own it has been misplaced. We appreciate your consideration in this matter

Sincerely,

Cřistie G. Brándon

Controller