

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **J71091**

1. Corporation Name

IWA, INCORPORATED

Principal Place of Business

**400 N. WYMORE ROAD
602 WYMORE ROAD
WINTER PARK FL 32789
US**

Mailing Address

**400 N. WYMORE ROAD
602 WYMORE ROAD
WINTER PARK FL 32789
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1987

4. FEI Number

59-2793188

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. ☐ Yes ☐ No

2. Principal Place of Business

21 400 N Wymore Road

Suite, Apt. #, etc.

22

City & State

23 Winter Park FL

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 PO Box 2685

Suite, Apt. #, etc.

27

City & State

28 Winter Park FL

Zip

29 32790-268530

Country

USA

9. Name and Address of Current Registered Agent

**RUSSELL, MIRIAM A.
400 N. WYMORE ROAD
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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 **VST** ☐ DELETE

NAME **RUSSELL, MIRIAM A.**
STREET ADDRESS **5134 LAKE HOWELL ROAD.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **PD** ☐ DELETE

NAME **MARTIN, WILLARD F.**
STREET ADDRESS **4934 HAITI CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **MARTIN, VINETTA**
STREET ADDRESS **4934 HAITI CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE: *Miriam A. Russell* **Miriam A. Russell** 6-30-99 407/629-0738

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90014 045 ***150.00



CR2E034 (5/99)

IWA INCORPORATED

J71091
583359-90014-45

Corporate Headquarters
400 Wymore Road • P.O. Box 2685
Winter Park, Florida 32790
Phone (407) 629-0738 • FAX (407) 629-0063

6-30-99

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Document # J71091

Dear Sirs:

We are in receipt of your second notice for 1999 Profit Corporation Annual Report Packet indicating a filing fee of \$ 550.00.

Please be aware of the fact that the first notice was not received at our correct address namely 400 N Wymore Rd, Winter Park, FL 32789. A copy of our 1998 filing fee shows that we did indicate our correct address. The address 602 Wymore Rd has not been valid for a number of years and the building itself torn down. You will note that this second notice was addressed to both addresses but fortunately it did reach us.

In view of the foregoing we enclose our check 2734 in the amount of \$ 150.00. We respectfully ask that in view of the misaddressed first notice that this will be a correct and acceptable payment.

Thank you for your cooperation in this matter.

Sincerely,

IWA, Incorporated



Miriam A. Russell
Executive Vice-President

Enclosures: As noted