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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10525

1. Corporation Name

INDEPENDENCE MORTGAGE CORPORATION OF AMERICA

Principal Place	e of Business	Ma	iling Address				i isbilāti vat krair agrar ar	its a it o ri asii acais a	IEST BIGIT GEDEL I	PIEN BIBN 1881
2410 N ORANGI	E BLOSSOM TRIAL	2410	N ORANGE BLOSSOM 1	TRIAL						
ORLANDO FL 32804		ORLANDO FL 32804			Ì	DO NOT WRITE IN THIS SPACE				
US		US				.	3. Date Incorporated or Qua			······································
							08/21/1989			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ar	plied For
21		26	-				59-2969256		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	•	Additional
22	·	27					J. Continente of Charles Court			equired
City & State	e		City & State				6. Election Campaign Finance	cing 🗆		May Be
23		28	72_				Trust Fund Contribution			to Fees
Zip	Country	⊢	Zip	Country	y		This corporation owes the Personal Property Tax.	current year int	angibie □Yes	□No
24	9. Name and Address of Curre	29	tered Agent	 		i	10. Name and Address of N	lew Registered		
	5. Name and Address of Curren	ik itegiai	erou Ageni	81	Name	•		-	<u> </u>	
ADAI	MS, RICHARD H., JR.						pher M. Hunter	1-1-1-1		<u></u>
940 HIGHLAND AVENUE		. 82 S			Street /	Addres Sec	s (P.O. Box Number is Not Accond Avenue NE, S	Suite 300)	
ORLA	ANDO FL 32803			83						
-					L Oite	_			85 Zip	Code
•				84	St.	Pet	ersburg	FL	_ β37	01
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Statutes	the abov	/e-named	corpor	ation submits this statement fo	r the purpose of	changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and large the obliga	of Floridations of,	a. Such change was auti Section 607 0505, Florid	norizeu by la Statute	/ une compo s.	oration	s board of directors, Friereby a	. /	/	,91510100
SIGNATURE		HRI	5 HUNTER	5	ECT			4/1	<u> 2/99</u>	
SIGNATURE	Signature, typed or printed name of registered age				ent signature r	equired w	hen reinstating)	DATE	I DIDECTO	3DC IN 42
12.	OFFICERS AI	ND DIRE		13.		ъ	ADDITIONS/CHANGES TO	J OFFICERS A	Change	Addition
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NAME				4.0.4143.05		0	concilis Taha ti			
STREET ADDRESS	SMEDLEY, ROBERT O			1.2 NAME		_	anski, John W.	ar.		
i i	2699 LEE RD SUITE 600			1.3 STREE	T ADDRESS	111	Second Avenue N			
CITY-ST-ZIP	2699 LEE RD SUITE 600 WINTER PARK FL		€ DELETE	1.3 STREE 1.4 CITY-	ET ADDRESS ST-ZIP	111 St.	Second Avenue Petersburg, FL		☐ Change	X Addition
CITY-ST-ZIP	2699 LEE RD SUITE 600 WINTER PARK FL D	_	₹ DELETE	1.3 STREE 1.4 CITY- 2.1 TITLE	ET ADDRESS ST-ZIP	St. EVP	Second Avenue Netersburg, FL		☐ Change	X Addition
CITY-ST-ZIP TITLE NAME	2699 LEE RD SUITE 600 WINTER PARK FL D SCHWARTZ, PATRICIA A		₩ DELETE	1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP	St. EVP Hen	Second Avenue Netersburg, FL	33701	☐ Change	X Addition
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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 or a language of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WINDERMERE FL

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90046 003 ***150.00

CR2E034 (11/98)