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 06, 1999 8:00 am Secretary of State

05-06-1999 90129 045 ***150.00

DOCUMENT:	# L44009
1. Corporation Name	

IOA,	INC.
------	------

Principal Place of Business 280 WEST CANTON SUITE 240 WINTER PARK FL 32789 Mailing Address 280 WEST CANTON SUITE 240 WINTER PARK FL 32789								
				DO NOT WRITE IN THIS SPACE				
US	US	3				Date Incorporated or Qualifed		
						01/12/1990		
2. Principal Place of Busines	SS 2a	. Mailing Address			4.	FEI Number	L	Applied For
21	26					59-2986777		Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional e Required
City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees
Zip 24 25	Country	Zip Co	untry		8.	This corporation owes the current year Interpretation of the Personal Property Tax.	angible	Æ No_
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
SYNDERBURN, P 280 WEST CANTI SUITE 240 WINTER PARK FL	N		81 82 83		s (F	P.O. Box Number is Not Acceptable)		
			84	City		E1	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	-	*NOTE B		DATE			
Signature, typed of printed name or registered agent and liber is applicable. [POLE, neglistered agent and liber is applicable.]							
12.	D OFFICERS AND BIRECTORS	☐ DELETE	1.1 TITLE	P	XX Change	Addition	
TITLE	ROTENBERG, NORMAN A.		1.2 NAME	•			
NAME	5073 WEST MAPBLE ROAD		1.3 STREET ADDRESS	Rotenberg, Norman A. 9928 Indian Key Trail			
STREET ADDRESS				Seminole, FL 33776			
CITY-ST-ZIP	W. BLOOMFIELD MI	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	ST 55770	XXChange	Addition	
TITLE	ST SAME AND STANLEY A	□ pereie			3 <u>K3</u> komange		
NAME	ROTENBERG, EMILY J		2.2 NAMÉ	Rotenberg, Emily J.			
STREET ADDRESS	5073 WEST MAPLE ROAD		2.3 STREET ADORESS	9928 Indian Key Trail			
CTTY-ST-ZIP	WEST BLOOMFIELD MI		2.4 CITY-ST-ZIP	Seminole, FL 33776			
TITLE	D	☐ DELETE	3.1 TITLE	['] D	XX Change	Addition	
NAME	SYNDERBURN, MANETTE M.		3.2 NAME	Snyderburn, Nanette M.			
STREET ADDRÉSS	310 GOLFBROOK CIRCLE, #200		3.3 STREET ADDRESS	2528 Thicket Ridge Court			
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY-ST-ZIP	Longwood, FL 32779			
TITLE		☐ OELETE	4.1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	<u> </u>	□ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
	<u> </u>		84 CITY-ST-7IP				

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 estachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

(800) 874.7933