

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  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90052 023 \*\*\*150.00

DOCUMENT # P95000022063

1. Corporation Name  
IAW, INC.



Please note our new address:  
333 17th Street, Suite D  
Vero Beach, FL 32960  
Tel: 561-569-4500 Fax: 561-569-6360

Please note our new address:  
333 17th Street, Suite D  
Vero Beach, FL 32960  
Tel: 561-569-4500 Fax: 561-569-6360

DO NOT WRITE IN THIS SPACE

Is Incorporated or Qualified

03/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0565739

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 Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RITTER, GREGORY J  
7000 WEST PALMETTO PARK RD.  
SUITE 400  
BOCA RATON FL 33433

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 D  
NAME SMITH, MATTHEW R  
STREET ADDRESS 1940 TENTH AVE. STE. B.  
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE VP  
NAME SMITH, CAROLYN  
STREET ADDRESS 1940 TENTH AVE. STE B  
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME SMITH, MATTHEW R.  
1.3 STREET ADDRESS 333 17th Street, Ste D  
1.4 CITY-ST-ZIP VERO BEACH, FL 32960

☒ Change ☐ Addition

2.1 TITLE VP  
2.2 NAME SMITH, CAROLYN  
2.3 STREET ADDRESS 333 17th Street, Ste D  
2.4 CITY-ST-ZIP VERO BEACH, FL 32960

☒ Change ☐ Addition

3.1 TITLE P/D  
3.2 NAME KENNETH D. HILL  
3.3 STREET ADDRESS 333 17th Street, Ste D  
3.4 CITY-ST-ZIP VERO BEACH, FL 32960

☐ Change ☒ Addition

4.1 TITLE VP/SO  
4.2 NAME ROBERT K. HILL  
4.3 STREET ADDRESS 333 17th Street, Ste D  
4.4 CITY-ST-ZIP VERO BEACH, FL 32960

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: KENNETH D. HILL 1/15/99 561-569-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)