


DOCUMENT # P97000021697

1. Entity Name

INLAND MORTGAGE ASSOCIATES, INC.

0 2 0 1 5 3



Principal Place of Business	Mailing Address
1560 MATTHEW DRIVE SUITE G FT MYERS FL 33907	1560 MATTHEW DRIVE SUITE G FT MYERS FL 33907-1702

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0743041	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent-

7. Name and Address of New Registered Agent	
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SWEENEY, ROBERT M
1560 MAHHTEW DRIVE
SUITE G
FT MYERS FL 33907

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Robert M. Sweeney 3-13-00
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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[illegible][illegible]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Sweeney 3-13-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)