PROFIT CORPORATION ANNUAL REPORT

1999

THE I.M.A. GROUP, INC.

1. Corporation Name



DOCUMENT # P98000004321

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90274 022 ***158.75

A PROGRAM FOR THE COURT ROUGH CORNER CORNER

|--|--|

Principal Place	of Business	Mailing Address				- 1 1001105) (48 1010; (011) 0011 0011 4011 0011	***************************************	1181	
2735 DAHLONEGA DR. 2735 DAHLONEGA DR. JACKSONVILLE FL 32224 JACKSONVILLE FL 32224					DO NOT WRITE IN THIS	SPACE			
				_		3. Date Incorporated or Qualifed 01/13/1998			
2. Principal Plant	2a. Mailing Address 26	ailing Address			4. FEI Number 59 - 348 7394	Applied For Not Applicable			
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	. \$8.75 Additional		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country 25	Zip 30	Count	ry		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No	
27	9. Name and Address of Curren					10. Name and Address of New Registered	Agent		
			8	1 Name)	 -			
	ARANO, GEORGE M		8	2 Street	t Addre	ss (P.O. Box Number is Not Acceptable)			
2735 DAHLONEGA DR.									
JAU	KSONVILLE FL 32224		8	3					
				4 City		FL		Code	
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat	ilons us, Section 607.0505, Florida	Statute	70. 	d corpor	ration submits this statement for the purpose of a poard of directors. Thereby accept the appo	intment as re		
SIGNATURE	Stgnature, typed or printed name of registered agen	- , , <u>, , , , , , , , , , , , , </u>	UE /	ent signatur	required		1		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE			•	Change	Addition	
NAME	BEJARANO, GEORGE M		1.2 NAMI		_				
STREET ADDRESS	2735 DAHLONEGA DR.	•		ET ADDRESS	5				
CITY-ST-ZIP	JACKSONVILLE FL 32224	☐ DELETE	1.4 CITY		+		Change	Addition	
TITLE	D Ganuza, Mario		2.2 NAM		-				
NAME STREET ADDRESS	2834 SW 138TH AVE.			ET ADDRESS	s				
CITY-ST-ZIP	MIRAMAR FL 33029		2. 4 CITY						
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME	BEJARANO, PATRICIA M		3.2 NAM	E					
STREET ADDRESS	2735 DAHLONEGA DR.		3.3 STRE	ET ADDRESS	s				
CITY-ST-ZIP	JACKSONVILLE FL 32224	☐ DELETE	3.4. CITY				Change	Addition	
TITLE		TT DEPETE	4.1 TITUE		1		CT a varige		
NAME				ET ADDRESS	اء				
STREET ADDRESS			4.4 CITY		Ĭ				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME		_	5.2 NAM						
STREET ADDRESS			5.3 STRE	ET ADORES	s				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLI	E			Change	☐ Addition	
NAMÉ			6.2 NAM	E					
STREET ADDRESS			6.3 STR	EET ADDRESS	s			į	

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 confortation 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.

6.4 CITY-ST-ZIP

RESIDENT

SIGNATURE:

STREET ADDRESS

NG OFFICER OR DIRECTOR