5041999-90113-048-$150.00-$150.00

5041999-90113-048-$150.00-$150.00

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90113 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000045949**

1. Corporation Name
IMMEDIATE ACCESS, INC.

Principal Place of Business	Mailing Address
323 N. FEDERAL HWY., STE. E BOYNTON BEACH FL 33435	323 N. FEDERAL HWY., STE. E BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 323 N. FED. HWY	2a. Mailing Address: 323 N. FED. HWY
Suite, Apt. #, etc.: E	Suite, Apt. #, etc.: E
City & State: BOYNTON BCH FL	City & State: BOYNTON BCH. FL
Zip: 33435 Country:	Zip: 33435 Country:

3. Date Incorporated or Qualified: 05/19/1998
4. FEI Number: 65-0837611 ☐ 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

MURRAY, STEPHANIE
323 N. FEDERAL HWY., STE. E
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: OMARI MURRAY
82 Street Address (P.O. Box Number is Not Acceptable): 201 SW 11TH AVE
83
84 City: BOYNTON BCH. FL 85 Zip Code: 33435

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: Omari Murray DATE: 7/24/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STEPHANIE Murray 201 ~~434~~ SW 6TH AVE BOYNTON BCH. FL 33435 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT OMARI MURRAY/AMERICAN MTG. BANC INC. 201 ~~SOUTH AVE~~ SW 11TH AVE BOYNTON BCH FL 33435 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: Omari Murray **SIGNATURE REQUIRED** 4/28/99 (561) 740-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #