

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 PM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L34626** (6)
1. Corporation Name
IMB SECURITIES INC.

Principal Place of Business Mailing Address
16 MICHAEL D. EDMONDS
819 S. FEDERAL HWY., STE. 203
STUART FL 34904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/01/1989** 3a. Date of Last Report **05/24/1994**

2. Principal Place of Business 2a. Mailing Address

21 **789 S. FEDERAL HWY.** 26
22 **STE 213** 27

23 **STUART, FL.** 28

24 **34994** 25 **U.S.** 29

4. FEI Number **65-0173164** 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

5. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDMONDS, MICHAEL D
789 S FEDERAL HWY
STE 213
STUART FL 34994

81 Name **BARRY C. HIXON**
82 Street Address (P.O. Box Number is Not Acceptable)
789 S. FEDERAL HIGHWAY
83 **STE. 213**
84 City **STUART** FL 85 Zip Code **34994**

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]* **PRESIDENT** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTS**
NAME **EDMONDS, MICHAEL D.**
STREET ADDRESS **789 S. FEDERAL HWY**
CITY - ST - ZIP **STUART FL**

1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **BARRY C. HIXON**
1.3 STREET ADDRESS **789 S. FEDERAL HIGHWAY STE 213**
1.4 CITY - ST - ZIP **STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE *[Signature]* **BARRY C. HIXON** DATE **407-220-2883**