

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F49851
 1. Corporation Name
INSURAMERICA OF FLORIDA, INC.

(1)



Principal Place of Business
234 RIVERSIDE AVE
JACKSONVILLE FL 32202-4999

Mailing Address
234 RIVERSIDE AVE
JACKSONVILLE FL 32202-4999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 26
 27
 28
 29

3. Date Incorporated or Qualified
10/06/1981

4. FEI Number
59-2130271

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent

GRAVES, KEITH C.
234 RIVERSIDE AVE.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 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 607.004 and 607.005, 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, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETED
 NAME **OT WILLIAMS, WALTER JR**
 STREET ADDRESS **234 RIVERSIDE AVE**
 CITY, ST, ZIP **JACKSONVILLE FL**

TITLE DELETED
 NAME **ELLISON, DIANE M.**
 STREET ADDRESS **234 RIVERSIDE AVE**
 CITY, ST, ZIP **JACKSONVILLE FL**

TITLE DELETED
 NAME **C GRAVES, KEITH C**
 STREET ADDRESS **234 RIVERSIDE AVE**
 CITY, ST, ZIP **JACKSONVILLE FL**

TITLE DELETED
 NAME **P WALTON, OTIS L. (BOBBY)**
 STREET ADDRESS **234 RIVERSIDE AVE**
 CITY, ST, ZIP **JACKSONVILLE FL**

TITLE DELETED
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE DELETED
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report is true and correct 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE: *Diane M. Ellison*

CR2E034 (10/97)