

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # J13411 (0)
1. Corporation Name
INSURANCE MARKETING RESOURCE GROUP, INC.

95 MAY -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**3140 W KENNEDY BLVD
-111-2ND AVENUE, N.E.-SUITE #1600-
TAMPA FL 33609
US** **3140 W KENNEDY BLVD
-111-2ND AVENUE, N.E.-SUITE #1600-
TAMPA FL 33609
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/08/1986 **05/01/1994**

4. FEI Number Applied For
~~50-2648000~~ **59-3128001** 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 has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**DREWES, JOHN G.
3140 W KENNEDY BLVD
-SUITE 1600-
TAMPA FL 33609**

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 607.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DREWES, JOHN G.
STREET ADDRESS 410 FAN PALM COURT, N.E.
CITY - ST - ZIP ST PETERSBURG FL

TITLE VD
NAME FISHER, STEVEN D.
STREET ADDRESS 4640 SHORT LEAF LN NE
CITY - ST - ZIP ST PETERSBURG FL

TITLE VD
NAME FISHER, STEVEN D.
STREET ADDRESS 4640 SHORT LEAF LN NE
CITY - ST - ZIP ST PETERSBURG FL

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STREET ADDRESS 4640 SHORT LEAF LN NE
CITY - ST - ZIP ST PETERSBURG FL

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 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)(b), Florida Statutes. I further certify that the information indicated on the 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: *Steve D. Fisher* VICE-PRES. STEVEN D. FISHER 4/26/95 813 873-7174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)