

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

APPROVED AND FILED

95 MAR 21 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K08909** (9)

1. Corporation Name

FINANCIAL INSURANCE CONCEPTS, INC.

Principal Place of Business

7440 MERRILL ROAD
SUITE J
JACKSONVILLE FL 32211

Mailing Address

7440 MERRILL ROAD
SUITE J
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/22/1987** 3a. Date of Last Report: **04/11/1994**

4. FEI Number: **59-2864736** 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21	101 CENTURY 21 DRIVE	26	101 CENTURY 21 DRIVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE 113	27	SUITE 113
City & State		City & State	
23	JACKSONVILLE FLORIDA	28	JACKSONVILLE FLORIDA
Zip	Country	Zip	Country
24	32216	25	DUVAL
29	32216	30	DUVAL

9. Name and Address of Current Registered Agent

SIMPSON, KURT ANDREW
3500 SOUTH THIRD STREET
OCEAN SOUTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)	FL	
B3			
B4	City		

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHN, EDWARD W.	1.2 NAME	OF ADDED
STREET ADDRESS	7440 MERRILL ROAD, STE J	1.3 STREET ADDRESS	101 CENTURY 21 DRIVE, SUITE 113
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHN, EDWARD W.	2.2 NAME	
STREET ADDRESS	7440 MERRILL ROAD, STE J	2.3 STREET ADDRESS	101 CENTURY 21 DRIVE, SUITE 113
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 changed, or on an attachment with an address.

SIGNATURE: Edward W. Rahn EDWARD W. RAHN 3/16/95 904-724-6301