

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # K08909 (9)

1. Corporation Name
FINANCIAL INSURANCE CONCEPTS, INC.



Principal Place of Business
**101 CENTURY 21 DRIVE
STE 113
JACKSONVILLE FL 32216
US**

Mailing Address
**101 CENTURY 21 DRIVE
STE 113
JACKSONVILLE FL 32216
US**

2. Principal Place of Business

2a. Mailing Address

21 State (Filing State)

26 State (Mailing State)

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

3. Date of Incorporation or Qualified
12/22/1987

3a. Date of Last Report
03/21/1995

4. FEIN Number
59-2864736

Applied For
Not Applicable

5. Certificate of Status Due 1

\$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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 602.011 and 602.012, Florida Statutes, the above named corporation hereby makes 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 Sections 602.011 and 602.012, Florida Statutes.

SIGNATURE

12. Name of Officer or Director
Title
Address
City
State
Zip

**PST
RAHN, EDWARD W.
101 CENTURY 21 DR STE 113
JACKSONVILLE FL
D
RAHN, EDWARD W.
101 CENTURY 21 DR STE 113
JACKSONVILLE FL**

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

13.

1. Name
2. Title
3. Street Address
4. City
5. State
6. Zip
7. Name
8. Title
9. Street Address
10. City
11. State
12. Zip
13. Name
14. Title
15. Street Address
16. City
17. State
18. Zip

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

Edward W. Rahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward W. Rahn

3/11/96

904-724-6301

CR2E034 (12/95)