

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 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 # P05457 (7)
 1. Corporation Name
 IFN INSURANCE AGENCY, INC.



Principal Place of Business: 6810 WEST BROAD STREET RICHMOND VA 23230
 Mailing Address: 6810 WEST BROAD STREET RICHMOND VA 23230

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

3. Date Incorporated or Qualified: 03/27/1985
 4. FEI Number: 54-1304309
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields.

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 agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	LANAN, LINDA L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LANAN, LINDA L		1.2 NAME	
STREET ADDRESS: 8201 W GREYSTONE CIR	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP: RICHMOND VA		1.4 CITY-ST-ZIP	
TITLE: VPT	PERANSKY, ROBERT Z	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PERANSKY, ROBERT Z	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS: 10403 FALCONBRIDGE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: RICHMOND VA		2.4 CITY-ST-ZIP	
TITLE: VPD	CATANZANO, DENNIS A.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CATANZANO, DENNIS A.	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS: 13325 LADY ASHLEY DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIDLOTHIAN VA		3.4 CITY-ST-ZIP	
TITLE: VP	CHINN, ROBERT D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHINN, ROBERT D.	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS: 2981 ELLESMERE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP: MIDLOTHIAN VA		4.4 CITY-ST-ZIP	
TITLE: PD	KNOWLES, JOHN L.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KNOWLES, JOHN L.	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS: 3216 NUTLEY COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP: RICHMOND VA		5.4 CITY-ST-ZIP	
TITLE: VPMS	PARKER, GARY W	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PARKER, GARY W	<input checked="" type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS: 8916 RIVER ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP: RICHMOND VA		6.4 CITY-ST-ZIP	

Geoffrey S. Stiff
 Director / Vice President
 6010 W. Broad St.
 Richmond, Va 23230

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: _____

CR2E034 (5/98)