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FILED

97 JAN 27 AM 11:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Requestor's Name: ANITA FORD
 Address: 12175 5th ST E.
 2509 Cozume Dr.
 Treasure Island, FL 33706
 Tampa FL 33618
 City/State/Zip: Tampa FL 33618
 Phone #: _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. INSURANCE RESOURCES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-01/28/97--01076--005
*****70.00 *****70.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Handwritten initials and date: JH / 31 / 97

**ARTICLES OF INCORPORATION
OF
INSURANCE RESOURCES INC.**

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97 JAN 27 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: **INSURANCE RESOURCES INC.**

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12175 5TH ST E.
TREASURE ISLAND, FL 33706

ARTICLE 3 CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE 4 INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

ANITA FORD
12175 5 TH ST E.
TREASURE ISLAND , FL 33706

ARTICLE 5 INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

ANITA FORD
12175 5TH ST E.
TREASURE ISLAND, FL 33706

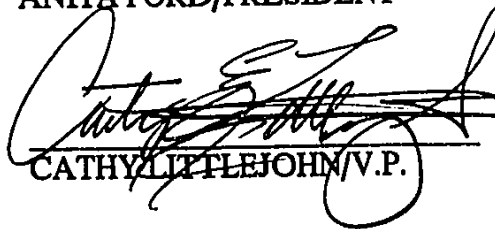
CATHY LITTLEJOHN
1300 39TH AVE N.E.
ST PETERSBURG, FL 33703

LEE RALPH
2509 COZUMEL DR.
TAMPA, FL 33618

The undersigned has(have) executed these Articles of Incorporation this

Day of 1/14, 1997.


ANITA FORD/PRESIDENT


CATHY LITTLEJOHN/V.P.


LEE RALPH/V.P.

FILED

CERTIFICATION OF DESIGNATION 97 JAN 27 AM 11:45
REGISTERED AGENT/REGISTERED OFFICE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned coporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **INSURANCE RESOURCES INC**

2. The name and address of the registered agent and office is:

**ANITA FORD
12175 5TH ST E.
TREASURE ISLAND, FL 33706**

SIGNATURE: Anita Ford

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF THE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FIMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Anita Ford

DATE: 1/14/96

REGISTERED AGENT FILING FEE: \$35.00