

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90080 050 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067849

1. Corporation Name
INSURANCE MANAGEMENT CORPORATION

Principal Place of Business
820 SOUTH EAST 47TH STREET
CAPE CORAL FL 33904

Mailing Address
POST OFFICE BOX 478
CAPE CORAL FL 33910



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1997

4. FEI Number
65-0774624
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 1634 SE 47th St
22 Suite, Apt. #, etc. #10

2a. Mailing Address
26 Suite, Apt. #, etc.

23 City & State Cape Coral Fl

28 City & State

24 Zip 33904 Country Lee

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUDIN, MITCHELL J
820 SOUTH EAST 47TH STREET
CAPE CORAL FL 33904

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1634 SE 47th St
83 Ste #10
84 City Cape Coral FL 85 Zip Code 33904

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: Mitchell Grudin 04/19/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 12 columns for Officers and Directors, and 13 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City, State, and Zip.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different title empowered.

SIGNATURE: Mitchell Grudin Date: 04/19/99 Daytime Phone #: 941-542-3737

CR2E034 (1/198)