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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

SIGNATURE:

DOCUMENT # \$17410

(9)

INSURANCE VENTURES, INC.

INSURANCE VENTURES, INC.							
Principal Place of Business	Mailing Address			- 12211212 201 11211 12211 21211 21211			
9100 SOUTH DADELAND BOULEVARD	9100 SOUTH DADELAI	ND BOULEVAR	RD .				
SUITE 900	SUITE 900 Miami Fl 33156				. <u>, </u>		
MIAMI FL 33156	MIXMS TL 33130	MIAMS IL 33130		3. Date Incorporated or Qualified 3a. Date of Last Report			
			· · ·	12/01/1990		/28/199	Applied For
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0238859			Not Applicable
	26						Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>+</b>	Required
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
3	28			Trust Fund Contribution		Added	to Fees
Zip Country	Zıp	Count	у	8. This corporation has liability for i		k under s	199.032,
4 25	29	30		1.0.1.0.0.0.0.1.1.1.1	□ No		
g. Name and Address of Cur	rent Registered Agent		4 Near	10. Name and Address of New R	egistered A	igent	
		8					
Feinberg, Eli		8	2 Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
9100 SOUTH DADELAND BOULEVAR	D .	8	<u></u>				
SUITE 900			<u>"</u>				
MIAMI FL 33156		8	4 City		FL	85 Zip	o Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	les, the above	-named corpor	ration submits this statement for the pur	rpose of cha	nging its r	egistered office
<ol> <li>Pursuant to the provisions of Sections 607.09 or registered agent, or both, in the State of F familiar with, and accept the obligations of, S</li> </ol>	loada. Such channe was allinoti.	mo ov the co	rporation's boar	rd of directors. I hereby accept the appo	ointment as	registered	agent. I am
	section 607.0300, Florida Statute	s.					
Signature, typed or printed name of registered a	ignit and title if applicable (N	OTE: Registered Ac	gent signature require		DATE		
Signature, typico or printed name of registered a	AND DIRECTORS	OTE: Registered Ac	pant signature require	ed where reinstatings ADDITIONS/CHANGES TO OFF	ICERS AND		
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4/18/96 305/670-5555