

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathier  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:40

DOCUMENT # **V48586** (4)  
1. Corporation Name  
**INSURANCE DATA CORPORATION-USA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **4182 JUNIPER TERR. BOYNTON BEACH FL 33436**  
Mailing Address: **4182 JUNIPER TERR. BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified: **07/08/1992** 3a. Date of Last Report: **01/31/1994**  
4. FEI Number: **59-1319145** 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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 State, Apt #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent  
**WEEMS, WILLIAM FAIN  
4182 JUNIPER TERRACE  
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: If signed Agent signature required when registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               |
|----------------------------|-------------------------------|
| TITLE                      | <b>P</b>                      |
| NAME                       | <b>WEEMS, WILLIAM FAIN</b>    |
| STREET ADDRESS             | <b>4182 JUNIPER TERRACE</b>   |
| CITY - ST - ZIP            | <b>BOYNTON BEACH FL 33436</b> |
| TITLE                      | <b>V</b>                      |
| NAME                       | <b>PRICE, CLAIRE</b>          |
| STREET ADDRESS             | <b>4182 JUNIPER TERRACE</b>   |
| CITY - ST - ZIP            | <b>BOYNTON BEACH FL 33436</b> |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY - ST - ZIP            |                               |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY - ST - ZIP            |                               |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY - ST - ZIP            |                               |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME   |  |
| 13 STREET ADDRESS                                     |  |
| 14 CITY - ST - ZIP                                    |  |
| 21 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   | <b>WEEMS, CLAIRE</b> <b>CHANGE NAME</b>                                      |
| 23 STREET ADDRESS                                     | <b>4182 JUNIPER TERRACE</b> <b>ONLY</b>                                      |
| 24 CITY - ST - ZIP                                    | <b>BOYNTON BEACH, FL 33436</b>   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME   |  |
| 33 STREET ADDRESS                                     |  |
| 34 CITY - ST - ZIP                                    |  |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME   |  |
| 43 STREET ADDRESS                                     |  |
| 44 CITY - ST - ZIP                                    |  |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME   |  |
| 53 STREET ADDRESS                                     |  |
| 54 CITY - ST - ZIP                                    |  |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME   |  |
| 63 STREET ADDRESS                                     |  |
| 64 CITY - ST - ZIP                                    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 1 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Claire Weems* **CLAIRE WEEMS** 1/17/95 407-735-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Office Phone #