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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000015712 (0)

1. Corporation Name
THE INSURANCE MARKETPLACE, INC.

Principal Place of Business	Mailing Address
4001 NW 97 AVENUE SUITE 201 MIAMI FL 33178 US	P.O. BOX 972137 ~~SUITE 401~~ MIAMI FL 33197-2137 US

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report: 07/22/1996

2. Principal Place of Business
21 4001 N.W. 97 AVE
22 Suite, Apt. #, etc. SUITE 201
23 City & State Miami, FL.
24 Zip 33178 25 Country U.S.

2a. Mailing Address
26 P.O. BOX 972137
27 Suite, Apt. #, etc. NONE
28 City & State Miami, FL.
29 Zip 33197-2137 30 Country US

4. FEI Number 65-0469755 ☐ 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

9. Name and Address of Current Registered Agent
LORIE, ROBERT
4001 NW 97 AVENUE
SUITE 201
MIAMI FL 33178

10. Name and Address of New Registered Agent
81 Name LORIE HERMINIO
82 Street Address (P.O. Box Number is Not Acceptable) 1230 S.W. 131 PLACE CIRCLE WEST
83
84 City MIAMI FL 85 Zip Code 33184

11. Pursuant to the provisions of Section 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 Robert F. Lorie Robert F. Lorie President 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LORIE, ROBERT F	
STREET ADDRESS	17021 SW 139 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. PRESIDENT	☒ Change ☐ Addition
1.2 NAME	LORIE, ROBERT F.	
1.3 STREET ADDRESS	17021 S.W. 139 PL	
1.4 CITY-ST-ZIP	MIAMI, FL. 33177	
2.1 TITLE	President	☐ Change ☒ Addition
2.2 NAME	HERMINIO LORIE	
2.3 STREET ADDRESS	1230 S.W. 131 PLACE CIR WEST	
2.4 CITY-ST-ZIP	MIAMI, FL. 33184	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1		☐ Change ☐ Addition
5.2		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1		☐ Change ☐ Addition
6.2		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Robert F. Lorie President 4/24/97 (305) 774-7302