


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

FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 208886  
1. Corporation Name  
Insurance Programs, Inc

Principal Place of Business Mailing Address  
3159 Shamrock Drive South P.O. Box 12129  
Tallahassee, FL 32308 Tallahassee, FL 32317-2129

200002218062  
-06/20/97--01027--002  
\*\*\*165.00

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1-8-58 3a. Date of Last Report 4-24-96 4. FEI Number 59-1266114 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

McCue, William G. Jr.  
3159 Shamrock South  
Tallahassee, FL 32308

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	McCue, William G., Jr.	1.2 NAME	
STREET ADDRESS	3159 SHAMROCK South	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VP
NAME	Hall, Barbara B.	2.2 NAME	Pace, Richard A
STREET ADDRESS	605 N.E. First Street	2.3 STREET ADDRESS	340 E. Horatio Ave
CITY-ST-ZIP	Gainesville, FL 32601	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	S/T	3.1 TITLE	D
NAME	Pate, Linda A.	3.2 NAME	Gross, Richard G.
STREET ADDRESS	3159 Shamrock South	3.3 STREET ADDRESS	1111 8th Ave W
CITY-ST-ZIP	Tallahassee, FL 32308	3.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: W. G. McCue, Jr. W. G. McCue, Jr. 5/28/97 904 893-4155

CH2E034 (9/96)