

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 357007 (4)
1. Corporation Name
HAIL INFORMATION SERVICES, INC.



Principal Place of Business Mailing Address
140 S. ATLANTIC AVENUE 140 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 140 S. Atlantic Avenue Suite, Apt. #, etc. 22 Suite 400 City & State 23 Ormond Beach, FL Zip 24 32176		2a. Mailing Address 26 140 S. Atlantic Avenue Suite, Apt. #, etc. 27 Suite 400 City & State 28 Ormond Beach, FL Zip 29 32176		3. Date Incorporated or Qualified 12/17/1969	
Country 25 U.S.		Country 30 U.S.		4. FEI Number 59-1282999	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ORMOND RE GROUP, INC. (FORMERLY-
FINANCIAL MANAGEMENT, INC.)
140 S ATLANTIC AVE
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
140 S. Atlantic Avenue
83 Suite 400
84 City
Ormond Beach FL 85 Zip Code
32176

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	SVTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM T	1.2 NAME	
STREET ADDRESS	5 SHERWOOD DR	1.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINER, JOHN	2.2 NAME	
STREET ADDRESS	140 S ATLANTIC AVE	2.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, W L	3.2 NAME	
STREET ADDRESS	140 S ATLANTIC AVE	3.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	SVD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPARDO, ANTHONY L	4.2 NAME	
STREET ADDRESS	140 S. ATLANTIC AVE.	4.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	400002499504
STREET ADDRESS		5.3 STREET ADDRESS	-04/24/98--01035--031
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***1500.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 John B. Deiner, Exec. VP 4/8/98 (904) 677-4453

CR2E034 (10/97)