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

FILED
May 18 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 # **376930** **(4)**

1. Corporation Name
FINANCIAL INSTITUTION INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1642 NORTH VOLUSIA AVE. STE. 202 ORANGE CITY FL 32763 US	1642 NORTH VOLUSIA AVE. STE. 202 ORANGE CITY FL 32763 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1971

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1378214 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BORGLUM, KURT R P.A.
884 W. CHARING CROSS CIR.
STE. B
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: Dennis Wells
82 Street Address (P.O. Box Number is Not Acceptable): 550 N. Bumby
83: Suite 550
84 City: Orlando **FL** 85 Zip Code: 32803

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: Dennis Wells — Dennis Wells — 24 April 98
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, LISA		1.2 NAME		
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUEDISUELI, JACK		2.2 NAME		
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		2.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANDEFER, KATHLEEN		3.2 NAME		
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		3.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRICE-YOUNGBERG, SUSAN		4.2 NAME		
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		4.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOHR, PATRICE		5.2 NAME		
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		5.4 CITY-ST-ZIP		
TITLE		☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

Dennis Wells — 24 April 98