

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4: 04

DOCUMENT # **546744** (4)

1. Corporation Name
THE INSIGHT GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 9025 S.W. 65TH ST. MIAMI FL 33173	Mailing Address 9025 S.W. 65TH ST. MIAMI FL 33173
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3. Date Incorporated or Qualified 08/19/1977	3a. Date of Last Report 05/27/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1767866	Applied For <input type="checkbox"/> Not Applicable
Buite Apt. #, etc. 22	State Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent POLOW, PAULA J. 9025 S.W. 65TH ST. MIAMI FL 33173		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	POLOW, PAULA J.	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12. NAME	
STREET ADDRESS 9025 SW 65 ST		13. STREET ADDRESS	
CITY- ST- ZIP MIAMI FL 33173		14. CITY- ST- ZIP	
TITLE		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY- ST- ZIP		24. CITY- ST- ZIP	
TITLE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		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 111.07(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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula J. Polow* (PAULA J. POLOW) 1-16-95 (205) 271 2095
SIGNATURE WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR