

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 546744 (4)

1. Corporation Name THE INSIGHT GROUP, INC.



Principal Place of Business 9025 S.W. 65TH ST. MIAMI FL 33173

Main Address 9025 S.W. 65TH ST. MIAMI FL 33173

2. Incorporation State 21 Florida 22 City & State 23 City & State 24 City & State 25 City & State 26. Mailing Address 27 City & State 28 City & State 29 City & State 30 City & State

3. Date Incorporated or Qualified 08/19/1977 3a. Date of Last Report 01/20/1995 4. FBI Number 59-1767866 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 X No 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent POLOW, PAULA J. 9025 S.W. 65TH ST. MIAMI FL 33173

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

11. By filing this statement of officers and directors and by filing this statement, the above named corporation submits this statement for the purpose of changing its registered officer and directors in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, accept the appointment as registered agent. I am the agent and accept the appointment as registered agent in the State of Florida.

12. OFFICERS AND DIRECTORS P POLOW, PAULA J. 9025 SW 65 ST MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1? 1. NAME Change Address 2. NAME Change Address 3. NAME Change Address 4. NAME Change Address 5. NAME Change Address 6. NAME Change Address 7. NAME Change Address 8. NAME Change Address 9. NAME Change Address 10. NAME Change Address 11. NAME Change Address 12. NAME Change Address 13. NAME Change Address 14. NAME Change Address 15. NAME Change Address 16. NAME Change Address 17. NAME Change Address 18. NAME Change Address 19. NAME Change Address 20. NAME Change Address

14. I hereby certify that the information supplied in this report is accurate, complete and does not apply to the exemption stated in Section 119.04(4) Florida Statutes. Further, I certify that the information supplied in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. This document is a public record of the corporation and the name of the officer or director reported is required to be available for review by Chapter 119, Florida Statutes, and that my name will appear in Block 12 or Block 13 on the report as required by the statute.

SIGNATURE: Paula J. Polow PAULA J. POLOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 (305)2712095

CR2E034 (12/95)