

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 636607 (4)**  
1. Corporation Name

**INSURANCE SERVICES, INC.**

Principal Place of Business Mailing Address  
**1600 W. Commercial Blvd. 1600 W. Commercial  
Ft. Lauderdale, FL Ft. Lauderdale, FL  
33309 33309**

3. Date Incorporated or Qualified **09/18/1979** 3a. Date of Last Report **04/07/1995**

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

4. FEI Number	Applied For
<b>59-1930327</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CAMILLO, JOHN M.  
1600 W. Commercial Blvd.  
Ft. Lauderdale, FL 33309**

**10. Name and Address of New Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgaman, Philip E.	1.2 NAME	
STREET ADDRESS	1600 W. Commercial Blvd.	1.3 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Dennis A.	2.2 NAME	
STREET ADDRESS	1600 W. Commercial Blvd.	2.3 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Cheryl A.	3.2 NAME	
STREET ADDRESS	1600 W. Commercial Blvd.	3.3 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, MARK	4.2 NAME	
STREET ADDRESS	1600 W. Commercial Blvd.	4.3 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaddis, Jesse P.	5.2 NAME	
STREET ADDRESS	517 N. Federal Hwy.	5.3 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, FL 33301	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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\*\*\*200.00

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 119.07(3)(k) 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 as an attachment with an address.

**SIGNATURE:** Philip E. Morgaman **3/6/96 (954) 493-6565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee

SG 4-12-96

CR2E034 (12/95)