

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

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90128 034 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 636607
 1. Corporation Name
INSURANCE SERVICES, INC.



Principal Place of Business P.O. BOX 11394 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	Mailing Address P.O. BOX 11394 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/18/1979	4. FEI Number 59-1930327	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <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 **JONES, MATTHEW T. ESQ.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1600 W. COMMERCIAL BLVD.
 83
 84 City **FT. LAUDERDALE** **FL** 85 Zip Code **33309**

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 *Matthew T. Jones* **MATTHEW T. JONES, ESQ.** DATE **3/10/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MORGAMAN, PHILIP E. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, DENNIS A. 1600 W. COMMERCIAL BLVD FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHERYL A. 1600 W. COMMERCIAL BLVD FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHENSON, MARK 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDIS, JESSE P. 517 N. FEDERAL HWY. FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MORGAMAN, PHILIP E. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D NICHOLS, NEAL 3251 WASHINGTON BLVD. ARLINGTON, VA. 22201
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CAMILLO, JOHN M. 221 W. OAKLAND PK. BLVD. FT. LAUDERDALE, FL 33311
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/P STEPHENSON, MARK 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL. 33309
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/V/S/T GARDNER, DEBORAH S. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL. 33309
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/V SPRUCE, WILLIAM D. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL. 33309

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, with all other like empowered.

SIGNATURE: *Mark Stephenson* **(MARK) STEPHENSON, PRESIDENT** DATE **3/10/99** DAYTIME PHONE # **(561) 493-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

INSURANCE SERVICES, INC.

ADDITIONAL OFFICERS:

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

636607
532216 90/28 34

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Gary D. Paikoff
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309