

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 # **F94000002700 (2)**

1. Corporation Name

INSURANCE EXPRESS SERVICES, INC.



Principal Place of Business

**5375 MIRA SORRENTO PLACE
SUITE 550
SAN DIEGO CA 92121**

Mailing Address

**5375 MIRA SORRENTO PLACE
SUITE 550
SAN DIEGO CA 92121**

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

25

29

30

9. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE., #200
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of appointment

(Print) Registered Agent Signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	KILKENNY, PATRICK J	
STREET ADDRESS	5375 MIRA SORRENTO PLACE, #550	
CITY-STATE-ZIP	SAN DIEGO CA 92121	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GEHRING, MARIANNE	
STREET ADDRESS	5375 MIRA SORRENTO PLACE, #550	
CITY-STATE-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BADANI, ABDULLA	
STREET ADDRESS	6255 LUSK BLVD.	
CITY-STATE-ZIP	SAN DIEGO CA 92121	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINGS, MARK	
STREET ADDRESS	6405 MIRA MESA BLVD.	
CITY-STATE-ZIP	SAN DIEGO CA 92121	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATCHELLER, JERRY	
STREET ADDRESS	6405 MIRA MESA BLVD.	
CITY-STATE-ZIP	SAN DIEGO CA 92121	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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 in an attachment with an address.

SIGNATURE: *Marianne Gehring* MARIANNE GEHRING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

Date:

(619) 677-5220
DATE FILED

CR2E034 (12/95)