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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 92121-3804

3. Date Incorporated or Qualified
05/24/1994

3a. Date of Last Report
03/27/1996

4. FEI Number
33-0256945

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 ☐ No

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

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, ROBERT	
STREET ADDRESS	6405 MIRA MESA BLVD 1ST FLOOR	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCIARETTA, MARK	
STREET ADDRESS	5375 MIRA SORRENTO PL #550	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADANI, ABDULLA	
STREET ADDRESS	6255 LUSK BLVD.	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINGS, MARK	
STREET ADDRESS	6405 MIRA MESA BLVD.	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BATCHELLER, JERRY	
STREET ADDRESS	6405 MIRA MESA BLVD.	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR & PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT BLOOM	
1.3 STREET ADDRESS	6405 MIRA MESA BLVD., 1ST FLOOR	
1.4 CITY - ST - ZIP	SAN DIEGO, CA 92121	
2.1 TITLE	SECRETARY/TREASURER/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIANNE GEHRING	
2.3 STREET ADDRESS	5375 MIRA SORRENTO PL., #550	
2.4 CITY - ST - ZIP	SAN DIEGO, CA 92121	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICK J. KILKENNY	
3.3 STREET ADDRESS	5375 MIRA SORRENTO PL., #550	
3.4 CITY - ST - ZIP	SAN DIEGO, CA 92121	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRANT FOWLER	
4.3 STREET ADDRESS	6405 MIRA MESA BLVD., 2ND FLOOR	
4.4 CITY - ST - ZIP	SAN DIEGO, CA 92121	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *Marianne Gehring* 1/6/97 619-677-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)