

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

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 6405 Mira Mesa Blvd	26 PO BOX 85303	05/24/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 San Diego, CA	28 San Diego, CA	33-0256945
24 92121	29 92186-5303	5. Certificate of Status Desired
25 USA	30 USA	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing
HIQ CORPORATE SERVICES, INC.		Trust Fund Contribution
526 E. PARK AVE., #200		<input type="checkbox"/> \$5.00 May Be Added to Fees
TALLAHASSEE FL 32301		7. This corporation owes or has paid the current year Intangible
		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, ROBERT	1.2 NAME
STREET ADDRESS 6405 MIRA MESA BLVD 1ST FLOOR	1.3 STREET ADDRESS
CITY-ST-ZIP SAN DIEGO CA 91212	1.4 CITY-ST-ZIP
TITLE STD	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEHRING, MARIANNE	2.2 NAME
STREET ADDRESS 5375 MIRA SORRENTO PL #550	2.3 STREET ADDRESS
CITY-ST-ZIP SAN DIEGO CA 91212	2.4 CITY-ST-ZIP
TITLE D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOWLER, GRANT	3.2 NAME
STREET ADDRESS 6405 MIRA MESA BLVD., 2ND FLOOR	3.3 STREET ADDRESS
CITY-ST-ZIP SAN DIEGO CA 92121	3.4 CITY-ST-ZIP
TITLE P	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILKENNY, PATRICK J	4.2 NAME
STREET ADDRESS 5375 MIRA SORRENTO PL., #550	4.3 STREET ADDRESS
CITY-ST-ZIP SAN DIEGO CA 92121	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	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

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.

SIGNATURE: *Marianne Gehring*

1/19/98 (619) 677-6000

CR2E034 (10/97)