

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90009 012 \*\*\*550.00

DOCUMENT # F94000002700

1. Corporation Name

INSURANCE EXPRESS SERVICES, INC.

Principal Place of Business

6405 MIRA MESA BLVD  
SUITE 550  
SAN DIEGO CA 92121  
US

Mailing Address

P O BOX 85303  
SUITE 550  
SAN DIEGO CA 92186-5303  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6405 mira mesa Blvd

Suite, Apt. #, etc.

22

City & State

23 San Diego, CA

Zip Country

24 92121 25

2a. Mailing Address

26 402 West Broadway

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 San Diego, CA

Zip Country

29 92101 30

9. Name and Address of Current Registered Agent

HIQ 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

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

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 DP ☐ DELETE

NAME BLOOM, ROBERT  
STREET ADDRESS 6405 MIRA MESA BLVD 1ST FLOOR  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE STD ☐ DELETE

NAME HARMON, MARIANNE  
STREET ADDRESS 6055 LUSK BLVD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE D ☒ DELETE

NAME FOWLER, GRANT  
STREET ADDRESS 6405 MIRA MESA BLVD., 2ND FLOOR  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE D ☐ DELETE

NAME KILKENNY, PATRICK J  
STREET ADDRESS 6055 LUSK BLVD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Marianne Harmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-99

Date

(619) 744-0600

Daytime Phone #

CR2E034 (11/98)