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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003261

INTERST	ate insuran	CE SERVICES	GROUP	P, INC.												
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2. Principal Pl	lace of Business		2a. Mail	ling Address					4. FEI	Number			-		Appl	ied For
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Suite, Apt. 3				e, Apt. #, etc.										\$8.7	75 Ad	Iditional
22			27						5. Cer	tircate or S	Status Desi	reo		Fe	e Req	uired
City & State	e			& State					6. Elec	ction Camp	paign Finar	ncing		\$5.	00 м	lay Be
23 LAKE W	ALES, FL		28 L.A	KE WALES	, FL				Tru	st Fund Co	ontribution			Add	ded to	Fees
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						81	Name									
	PAMERICA, INC.					82	Street	Δddress	s (P.O.)	Box Numb	er is Not A	ccental	ole)			
	s. Andrews A	VENUE				"	Oli Got !	riaa oo	o (1 . o	DOX			,			
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						84	City						FL	85	zip Ct	Jue
11. Pursuant t	to the provisions of	Sections 607.0502	and 607.15	508, Florida Statu	⊥tes, th	ne above	a-named	corpora	ation sul	omits this	statement f	or the p	urpose of	changin	g its re	egistered
office or re	to the provisions of egistered agent, or m familiar with, and	hoth in the State o	of Florada Si	uch change was :	autnon	izea ov	the corb	oration's	s board	of director	s. I hereby	accept	the appo	intment a	as regi	stered
																Į
SIGNATURE	Ci	Laces of sociological agent						equired wh	nen reinsta	ting)			DATE			
	Signature, typed or printed	name of registered agent	and title if applic	cable. (NOT	E: Regist	tered Agen	t signature r	equired wh			HANGES T	O OFF		ND DIRE	CTOR	 RS IN 12
12.		I name of registered agent OFFICERS AND	and title if applic	RS (NOT	ΓΕ: Regist	tered Agen			ADD	ITIONS/CI	HANGES T			ND DIRE		RS IN 12
12.	VP	OFFICERS AND	and title if applic	cable. (NOT	E: Regist	tered Agen			ADD	ITIONS/CI						
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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 open an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

2.14.99

(941) 676-1681