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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002056 1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90215 023 ***150.00

INSURAN	NCE COUNSELORS, INC.							
	,					T RECEIRE AND INIDE BIGH OUTH RANK PRATI NO	II BANG TIRK BANG	I BITTA BITT 1891
Principal Place	e of Business	Mailing Address						
5260 WESTERN	AVF	5260 WESTERN AVE.				1		
CHEVY CHASE MD 20815 CHEVY CHASE MD 20815				•		DO NOT MOTE IN THE	IC CDACE	
1						DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	
						04/27/1995		
A D::	lace of Business	2a. Mailing Address				4. FEI Number	Ι Δι	pplied For
	lace of Business	— ·				52-1168724		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_		Additional
22	27				5. Certifcate of Status Desired	Fee R	equired	
City & State City & State			<u>.</u>			6. Election Campaign Financing	\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution		to Fees
Zip	Country Zip			Country 8. This corporation owes the current		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	⊡Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Registere	d Agent	
				81	Name			
	LELLAND, HUGH H III		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	WELLS ROAD, SUITE 224						•	
UHA	NGE PARK FL 32073			83				
				84	City		85 Zip	Code
}						<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	t and 607.1508, Florida Statute of Florida, Such change was at	es, the at uthorized	bove-	-named corpo he corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	or changing its pointment as re	s registered egistered
agent, I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Statu	utes.		, , ,		
SIGNATURE								
	Signature, typed or printed name of registered agent		Registered	Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	OFFICERS AND	DELETE	1.1 TIT	TI F		ADDITIONS/CHANCES TO GITTEEN	Change	Addition
NAME	ROBERTS, WILLIAM E		1.2 NA					
	6529 79TH PLACE				ADDRESS			
STREET ADDRESS	CABIN JOHN MD 20818		1.001		20,200			
CITY-ST-ZIP	V		14.00	TV. ST.	.7IP			
NAME	l "	DELETE	_	TY-ST-	·ZIP		☐ Change	Addition
STREET ADDRESS	(MILILIANUY IIMILIEUT.I	DELETE	1.4 CF 2.1 TF 2.2 NA	TLE	·ZIP		☐ Change	Addition
\$ ILEE I WOODESS	MULCAHY, TIMOTHY J	DELETE	2.1 TIT 2.2 NA	TLE AME			☐ Change	Addition
CITY OT 710	3514 MARIGOLD DR	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE AME TREET	ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	3514 MARIGOLD DR MONROVIA MD 21770	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE AME TREET A	ADDRESS	·	☐ Change	
TITLE	3514 MARIGOLD DR MONROVIA MD 21770 V	<u> </u>	2.1 TIT 2.2 NA 2.3 ST 2.4 CI	TLE AME TREET A STY-ST TLE	ADDRESS			
TITLE NAME	3514 MARIGOLD DR MONROVIA MD 21770 V -KELLE,-CARL-J	<u> </u>	2.1 TIT 2.2 NA 2.3 ST 2. 4 CI 3.1 TIT 	TLE AME TREET A STY-ST TLE AME	ADDRESS			
TITLE NAME STREET ADDRESS	3514 MARIGOLD DR MONROVIA MD 21770 V -KELLE, CARL-J	<u> </u>	2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	TLE AME TREET A STY-ST TLE AME	ADDRESS -ZIP ADDRESS			
TITLE NAME	3514 MARIGOLD DR MONROVIA MD 21770 V -KELLE,-CARL-J	<u> </u>	2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	TLE AME TREET ATTY-ST TLE AME TREET AME	ADDRESS -ZIP ADDRESS			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3514 MARIGOLD DR MONROVIA MD 21770 V -KELLE, CARL-J 27109 FAMILY TERR DAMASCUS MD 20872 S	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	TLE TREET ATTENTED THE TREET AME TREET ATTENTED THE TREET ATTENTED THE TREET ATTENTED THE	ADDRESS -ZIP ADDRESS		☐ Change	Addition
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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: