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FILED

Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002986 (6)

1. Corporation Name

CONSOLIDATED INSURANCE MARKETING INCORPORATED



Principal Place of Business

12801 FLUSHING MEADOW DRIVE  
ST LOUIS MO 63131

Mailing Address

12801 FLUSHING MEADOW DRIVE  
ST LOUIS MO 63131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

43-1679065

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

OSBORNE, CHARLES  
501 FIRST AVENUE NORTH  
STE 400  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Charles Osborne  
82 Street Address (P.O. Box Number Is Not Acceptable)  
5100 W. Kennedy Blvd. Ste 535  
83  
84 City Tampa FL 85 Zip Code 33609

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 type="checkbox"/> DELETE
NAME	OSBORNE, CHARLES	
STREET ADDRESS	14186 80TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETTY JR, CARL	
STREET ADDRESS	830 GREENWICH GREEN LN	
CITY-ST-ZIP	TOWN AND COUNTRY MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRYNDA, BEVERLEY	
STREET ADDRESS	2735 TOWNE OAKS DRIVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COOK, LARRY G	
STREET ADDRESS	6124 CLIFTON OAKS PLACE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33776
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	63017
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	63129
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	63129
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Erwin R. Hinger
5.3 STREET ADDRESS	2785 Sun Meadow Drive
5.4 CITY-ST-ZIP	Wildwood, MO 63005
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 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:

*[Signature]*

3-25-98

314/965-5665

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