


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000004600 (9) 1. Corporation Name INSPIRE INSURANCE SOLUTIONS, INC.		
Principal Place of Business 300 BURNETT ST. FORT WORTH TX 76102	Mailing Address 300 BURNETT ST. FORT WORTH TX 76102	



DO NOT WRITE IN THIS SPACE

21		26		3. Date Incorporated or Qualified 09/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 75-2595937	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip	
24		25		29	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		30		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	DCEP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, F. GEORGE III	1.2 NAME	
STREET ADDRESS	300 BURNETT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTEL, HARRY E	2.2 NAME	
STREET ADDRESS	300 BURNETT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, R. EARL III	3.2 NAME	
STREET ADDRESS	300 BURNETT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, MITCH S	4.2 NAME	
STREET ADDRESS	300 BURNETT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, RONALD O	5.2 NAME	
STREET ADDRESS	300 BURNETT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	5.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, TERRY G	6.2 NAME	
STREET ADDRESS	300 BURNETT ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	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: *TERRY GAINES* **REQUIRE** *1-12-98* *8173483400*

CR2E034 (10/97)