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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 046 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005914

1. Corporation Name

ANNUITYNET INSURANCE AGENCY, INC.

Principal Place of Business 1300 SOUTH CLINTON STREET FORT WAYNE IN 46802	Mailing Address 1300 SOUTH CLINTON STREET FORT WAYNE IN 46802 108-G South Street Leesburg, VA 20175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 108-G South Street	3. Date Incorporated or Qualified 10/23/1998	4. FEI Number 35-2058354	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23	City & State 28 Leesburg VA	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24	Country 25	Zip 29 20175	Country 30	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHALKE, SHANE A	1.2 NAME	June W. Boynton
STREET ADDRESS	108-G SOUTH ST.	1.3 STREET ADDRESS	108-G South St
CITY-ST-ZIP	LEESBURG VA	1.4 CITY-ST-ZIP	Leesburg, VA 20175
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, STEPHEN H	2.2 NAME	Diann Eggleston
STREET ADDRESS	1300 S CLINTON ST.	2.3 STREET ADDRESS	1300 S. Clinton St
CITY-ST-ZIP	FORT WAYNE IN	2.4 CITY-ST-ZIP	Fort Wayne, IN 46802
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, C S	3.2 NAME	Rose, C. A.
STREET ADDRESS	200 E BERRY ST	3.3 STREET ADDRESS	200 E Berry St
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	Fort Wayne, IN 46802
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRZAN, JANET	4.2 NAME	Richard H. Heischman
STREET ADDRESS	200 E BERRY ST	4.3 STREET ADDRESS	1300 S Clinton St
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	Fort Wayne, IN 46802
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSTEIN, PHILIP L	5.2 NAME	Diane L. Buinowski
STREET ADDRESS	120 MADISON ST.	5.3 STREET ADDRESS	200 E. Berry St
CITY-ST-ZIP	SYRACUSE NY	5.4 CITY-ST-ZIP	Fort Wayne, IN 46802
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, KEITH J	6.2 NAME	Gabriel L. Shaheen
STREET ADDRESS	1300 S. CLINTON ST.	6.3 STREET ADDRESS	1300 S. Clinton St
CITY-ST-ZIP	FORT WAYNE IN	6.4 CITY-ST-ZIP	Fort Wayne, IN 46802

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:

June W. Boynton

June W. Boynton

Date

Daytime Phone #

2-9-99 703-443-2900

CR2E034 (11/98)